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SECTION I

PREVENTIVE MEDICINE

Dysentery Control - Role of the Sanitary Team and the Sanitary Inspector

Inclosure No. 1 entitled "Dysentery Control - Role of the Sanitary Team and the Sanitary Inspector Organization" includes the complete development of the sanitary team, the sanitary inspector organization and their purpose in a sanitation program. History, appropriations, responsibility, organization, training, operation and relationship to disease control are combined in this material. Public health officials concerned should be familiar with Inclosure No. 1 for surveillance, instructional guidance and correlation with local officials on the Japanese sanitation program.

Venereal Disease Control

Technical Bulletin-PH-Prev Med 7, "The Principles of Venereal Disease Control" is attached as Inclosure No. 2. This technical bulletin supersedes TB-PH-Prev Med 4 of June 1947 and introduces new methods of treatment and revised venereal disease control procedures.

Public Health and Welfare Information

The Information Unit of the Ministry of Welfare submitted an outline of the distribution system of information notifications, plans, special publications and other materials supplementing the general information program. Observations in the field have shown that in many instances certain "bottlenecks" occur in distribution of such materials to echelons below the prefectural level. It is hoped this outline will assist in the elimination of such blockage of flow of materials. (See Inclosure No. 3)

Venereal Disease Affairs

Recent visits to venereal disease treatment establishments have shown that EIHATSU NO. 265, 29 March 1950, "A Guide to the Penicillin Therapy of Early Syphilis" has not as yet been fully implemented. As stated in the EIHATSU all early cases of syphilis are to be treated by the administration of 2.4 million units of a repository penicillin. The EIHATSU is inclosure number 1 of Bulletin 152 of 15-30 March 1950.

Reference is made to Far East Command Circular 26 of 18 May 1950, subject, "Venereal Disease Control". This circular will reach Regional Civil Affairs Teams through other channels. In the contact tracing system established therein the Army has essentially the same relation to civilian health departments as that which prevails in the United States, modified only to permit surveillance by Regional Civil Affairs Teams.

SECTION II

NURSING AFFAIRS

Prefectural Nursing Sections/Divisions

The development of an adequate Nursing Section or Division within the framework of the prefectural health department is vital to the success of the nursing and midwifery program of the prefecture; however, in many prefectures Nursing Sections or Divisions have not yet been organized. To aid in the establishment and development of such organizations the Nursing Section of the Ministry of Welfare has issued two notifications; Kan 152, April 11, and Kan 66 May 9. (See Incl. No. 4) Kan 152 was made available to Civil Affairs Nurses at the May conference in Tokyo.

The Ministry of Welfare has called a meeting of the Chief Nurses of the prefectural health department Nursing Sections or Divisions for a further discussion of this problem. The meeting will be held in Tokyo June 26-30.

New Books

The revised edition of the Nursing Procedure Manual prepared by the Model Demonstration School in Tokyo in 1947 has just been published. All procedures have been carefully evaluated and many have been rewritten. It may be obtained through the Medical Friend Company, 40 Momozonocho, Nakano-ku, Tokyo for the sum of 200 yen plus postage.

"Illustrated Handbook of Simple Nursing" by McCullough and Moffit is now available. This book should be of great value in teaching nursing procedures to student nurses in A & B schools of nursing as well as to nurses enrolled in refresher courses. American copies may be obtained from the McGraw Hill Publishing Company, New York, for the sum of \$2.50; Japanese copies are available through the Medical Friend Company, for the sum of 230 yen plus postage.

Nursing Schools

On 12 May the Ministry of Welfare notified all members of the Regional Examination Committees to inspect, during the months of June and July, nursing schools in their areas which have applied to the Ministry for accreditation. The Ministry plans to have one staff member of its Nursing Section accompany each regional committee. The Ministry has received 72 applications from nursing schools, all making application for B classification.

SECTION III

VETERINARY AFFAIRS

Food Sanitation Enforcement Regulations

The amendment to the Enforcement Regulations of the Food Sanitation Law. No. 233 was officially adopted on 25 May 1950 for immediate enforcement. English copies of the amendment are being distributed to all Civil Affairs Regions while the Ministry of Welfare is notifying all prefectural governors and health departments. The amendment was necessary to legalize enforcement of the items of sanitation outlined by Public Health and Welfare in the new food sanitation regulation. Attention is directed to Article 21-2 in the official amendment whereby suspension of sanitary permits can be accomplished following written notification. In Item 18 of the items of sanitation, the reporting of communicable diseases is based upon the Communicable Disease Control Law and the Tuberculosis Control Law. It is important to note that milk plants and dairy farms must now be inspected under the new sanitation regulations in order to conform with correct legal procedures. In Item 14 of the items of sanitation, the word "food animals" has been inserted. Therefore, the old Dairy and Milk Plant Score Card system will be superseded by the new uniform food inspection regulations. In order to assist the Japanese inspectors, the Ministry of Welfare has dispatched a printed booklet entitled: "Interpretations and Instructions to Inspectors" for each inspector. The text of the Japanese booklet is identical to the English copy furnished the Regional Public Health officers.

Weekly Rabies Report

The Veterinary Affairs Section, Ministry of Welfare, submitted the following report on rabies cases occurring during the period 7 - 20 May 1950.

<u>Prefecture</u>	<u>7 - 13</u>	<u>14 - 20</u>
Tokyo	10	9
Kanagawa	9	10
Chiba	4	2
Saitama	4	9
Ibaraki	1	1
Gumma	5	3
Tochigi	1	1
Total	<u>34</u>	<u>35</u>

Japanese statistics for period of 1 January - 20 May 1950 disclose a total of 355 cases of rabies in dogs, 761 humans have reported being bitten by dogs with 23 deaths.

Monthly Animal Disease Report

The Animal Hygiene Section, Ministry of Agriculture and Forestry, submitted the following report on those animal diseases occurring during the month of April 1950.

<u>Disease</u>	<u>No. of Cases</u>
Anthrax	3
Blackleg	2
Swine erysipelas	34
Swine cholera	52
Swine plague	1
Strangles	1
Equine infectious anemia	328
Trichomonas	204
Brucellosis	13
Equine infectious abortion	140
Pullorum disease	3,098
Bovine tuberculosis	90
Equine encephalomyelitis	2

Monthly Milk Inspection Report

Prefectural veterinary milk inspectors conducted sanitary inspections on dairy farms, milk plants and establishments producing milk products during March 50.

Special Milk

Number of farm inspections	6
Samples examined	26
Over bacterial standards (50,000 per cc)	4
Under butterfat standards (3.3 percent)	-

Number of plant inspections	26
Over bacterial standards (50,000 per cc)	4
Under butterfat standards (3.3 percent)	-

Ordinary Milk

Number of farm inspections	12,056
Samples examined	17,150
Over bacterial standards (2,000,000 per cc)	1,491
Under butterfat standards (3.0 percent)	1,114

Number of plant inspections	4,023
Over bacterial standards (2,000,000 per cc)	261
Under butterfat standards (3.0 percent)	297

Goat Milk

Number of farm inspections	35
Samples examined	45
Over bacterial standards (2,000,000 per cc)	10
Under butterfat standards (3.0 percent)	1

Amount of Milk Produced during March 1950

<u>Type of Milk</u>	<u>No. of Farms</u>	<u>No. of Cows and Goats</u>	<u>Amount Produced</u>
Special	6	133	36,430 Lit
Ordinary	66,306	125,111	23,672,410 "
Goat	225	828	32,803 "

Amount of Milk Bottled in Milk Plants

<u>Type of Milk</u>	<u>No. of Plants</u>	<u>Raw Milk</u>	<u>Pasteurized</u>	<u>Sterilized</u>
Special	6	17,347 Lit.	14,839 Lit	
Ordinary	2,767	-	7,827,362 "	6,163,255 Lit

Note: All milk bottled in 1 go bottles having the equivalent of 180 cc.

Milk Products Produced in March 1950

Whole powdered milk	165,971 kg.
Modified powdered milk (15% added sugar)	442,201 "
Modified powdered milk (35% added sugar)	28,898 "
Sweetened Condensed milk	759,391 "
Evaporated milk	278,923 "
Butter	122,400 "
Cheese	32,028 "

SOURCE: Ministry of Welfare

Monthly Seafood Inspection Report

Prefectural veterinary seafood inspectors conducted sanitary inspections on the following seafood establishments during the month of March 1950.

Wholesale Seafood Market

Number of establishments	1,461
Number of establishments inspected	1,008
Condition - Good	130
Fair	674
Poor	204
Total number of inspections	2,648
Amount of seafood examined	38,741,443 kg.
Amount of seafood condemned	75,942 kg.
Cause for condemnation - Staleness and putrefaction	
Disposition - Chicken feed and fertilizer	

Seafood Processing Plants

Number of establishments	10,520
Number of establishments inspected	4,117
Condition - Good	808
Fair	2,149
Poor	1,160
Total number of inspections	5,193
Amount of seafood & seafood products examined	1,013,022 kg.
Amount of seafood & seafood products condemned	158 kg.
Cause for condemnation - Staleness and putrefaction	
Disposition - Fertilizer	

Seafood Retail Shops

Number of establishments	62,351
Number of establishments inspected	21,321
Condition - Good	3,011
Fair	12,286
Poor	6,024
Total number of inspections	23,978
Amount of seafood products examined	3,583,059 kgs.
Amount of seafood products condemned	19,231 kgs.
Cause for condemnation - Staleness & Putrefaction	
Disposition - Fertilizer	

SOURCE: Ministry of Welfare

Prefectural veterinary and food sanitation inspectors conducted sanitary inspections on those establishments where food and beverages of other than animal origin were processed, served, or sold during the month of March 1950.

A total of 27 outbreaks of food or beverage poisoning was reported involving 105 people with 22 deaths resulting. The most prominent causative factor was the tetrodotoxin associated with globe fish (fugu) which was responsible for 12 of the deaths.

Prefectural veterinary meat inspectors conducted ante and post-mortem inspections on the following number of livestock during the month of March 1950.

Sanitary inspections were conducted on the following number of meat processing establishments by Prefectural veterinary meat inspectors during the month of March 1950.

Amount of meat & meat-food products examined --- 73,731 kgs.
 " " " " condemned --- 120 "

Meat Retail Shops

Number of establishments -----	18,343
" " " inspected -----	10,931
Condition - Good -----	4,056
" Fair -----	5,813
" Poor -----	1,062
Total number of inspections -----	12,569
Amount of meat products inspected -----	1,190,317 kgs.
" " " " condemned -----	1,412 "
Cause for condemnation - Putrefaction	
Disposition ----- Fertilizer	

SOURCE: Ministry of Welfare

Census of Japanese Veterinarians

Under the provisions of the Veterinary License Law, all licensed veterinarians in Japan are required to renew their registration annually. The following compilation is the result of the first census as of 31 Dec 1949 under the new law.

Total number of licensed veterinarians -- 16,287

Engaged in veterinary activities	- 13,838 (85%)
" in non-veterinary activities	- 2,448 (15%)
	<u>16,287 (100%)</u>

Age statistics of veterinarians

21 - 30 years old	- 6,904 (43%)
31 - 40 " "	- 4,098 (25%)
41 - 50 " "	- 2,752 (17%)
Over 51 " "	- 2,533 (15%)
	<u>16,287 (100%)</u>

Details of Employment as veterinarians

Officials of national government	- 830 (6%)
" prefectural "	- 4,146 (30%)
Employee of city, town or village	- 303 (2%)
Employee of Agriculture Cooperatives	
or Agricultural Aid Association	- 4,145 (30%)
Veterinarian in independent practice	- 4,281 (31%)
Miscellaneous (estimated)	- 134 (1%)
	<u>13,839 (100%)</u>

Non-veterinary activities	- 2,448
	<u>16,287</u>

Weekly Animal Disease Report

1. The Animal Hygiene Section, Ministry of Agriculture and Forestry, reported the following outbreaks of animal diseases for the period 20 - 26 May 1950.

<u>Prefecture</u>	<u>Disease</u>	<u>No. of Cases</u>
Nagano	Swine erysipelas	9
Chiba	" "	4
Ibaraki	" "	2
Shiga	" "	1
Nagasaki	" "	1
Nagano	" "	5
Oita	" "	1
Yamanashi	" "	2
Gumma	" "	1
Osaka	Hog cholera	3

Weekly Animal Disease Report (Cont.)

<u>Prefecture</u>	<u>Disease</u>	<u>No. of Cases</u>
Saitama	Hog cholera	12
Yamagata	Hog plague	1
Fukuyama	" "	1
Yamagata	Equine encephalomyelitis	1 (Susp)
Aichi	" "	1 (")
Yamaguchi	Anthrax	1
Miyazaki	Blackleg	1

1. The Animal Hygiene Section, Ministry of Agriculture and Forestry, reported the following outbreaks of animal diseases for the period 13 - 19 May 1950.

<u>Prefecture</u>	<u>Disease</u>	<u>No. of Cases</u>
Ibaragi	Swine erysipelas	3
Chiba	" "	8
Shizuoka	" "	2
Gifu	" "	1
Shiga	" "	2
Oita	" "	1
Gumma	Hog cholera	8
Fukuyama	Hog plague	49
Hyogo	Anthrax	1

SECTION IV

SUPPLY DIVISION

"A Week for Health and Drugs"

The week of 10-16 July has been designated as "A Week for Health and Drugs", sponsored by the Ministry of Welfare and by Prefectural Governors. It is now two years since the Pharmaceutical Affairs Law has been passed. The purpose of this project is to inform the general public concerning the Pharmaceutical Affairs Law and the use of drugs. Yaku-Hatsu No. 318, dated 15 May, addressed to all Prefectural Governors from the Pharmaceutical and Supply Bureau, informs them of the purpose of the designated week, and the activities which will be conducted during the week in support of the program. Commercial associations connected with pharmaceutical affairs will cooperate in the activities.

Japanese Pharmaceutical Association

At a meeting of the Board of Delegates of the Japanese Pharmaceutical Association, held on 15 May, officers of the Association were chosen for the ensuing two-year term. The incumbents for the positions of President, Vice Presidents and Managing Director were chosen to continue in office. They are as follows:

President	Dr. T. Kariyone
Vice Presidents	Dr. T. Ito
	Mr. K. Takeda
Managing Director	Dr. K. Takano

Imported Streptomycin

A shipment of 700,000 grams of streptomycin packaged in 1-gram vials arrived from the United States 15 May 1950 as GARIOA import. Allocation of this streptomycin for distribution is as follows:

<u>Name of Company</u>	<u>Quantity</u>
Takeda Yakuhin Kogyo K.K.	100,000 grams
Shinogi Seiyaku K.K.	80,000

Imported Streptomycin (Cont.)

<u>Name of Company</u>	<u>Quantity</u>
Tanabe Seiyaku K.K.	50,000 grams
Fujisawa Yakuhin Kogyo K.K.	50,000
Yamanouchi Seiyaku K.K.	50,000
Dainippon Seiyaku K.K.	50,000
Daiichi Seiyaku K.K.	50,000
Sankyo K.K.	50,000
Banyu Seiyaku K.K.	40,000
Terii Yakuhin K.K.	35,000
Tokyo Tanabe Seiyaku K.K.	35,000
Nakamura Taki Shoten K.K.	30,000
Kuroda Seiyaku K.K.	20,000
Sato Seiyaku K.K.	20,000
Arakawa Chotaro Gomei Kaisha	10,000
Chubu Yakuhin Gomei Kaisha	10,000
Shizuoka Yakuhin K.K.	10,000
Omeri Shoten K.K.	10,000
Total	700,000 grams

Selection of companies and amounts allocated are based on sales capacity, financial condition, and storage capacity. Distribution plan for use is being formulated and will be published in a subsequent Bulletin.

Removal of Distribution Control for Textile Sanitary Materials

Removal of distribution control over cotton sanitary materials was announced in the Official Gazette 22 May by publication of Ministry of Welfare Notification No. 148. Satisfactory supplies of raw cotton for their manufacture make such decentral possible. In addition, stocks of finished cotton materials were piling up at the manufacturers due to faulty distribution.

Most Japanese manufacturers of finished cotton sanitary materials operate on a small margin of profit, with little or no reserve. In order to have funds for the purchase of raw materials, it is necessary that sales be made expeditiously. Distribution control requires allocation plans and sales through designated sellers, which tend to create a distribution bottleneck. Actually, stocks of cotton textile sanitary materials have been accumulating at the producers. These represent funds tied up in slow moving merchandise, unavailable to the manufacturer for the purchase of raw materials. Removal of distribution control should result in a healthier supply situation, since purchases can be made directly according to requirements, stocks will tend to move freely, and funds will become liquid.

Production and Distribution of Drugs and Medical Supplies - April

Production and distribution of drugs and medical supplies were reported as follows:

<u>Item</u>	<u>(Yen Value)</u> <u>Production</u>	<u>Distribution</u>
Controlled medicines	80,029,150	67,462,626
Non-controlled medicines	1,490,746,326	1,600,924,401
Patent medicines	399,102,221	383,095,235
Biologics	47,615,238	38,798,166
Dental Instruments	19,391,276	22,899,055
Dental materials	18,599,927	19,779,267
Textile sanitary materials	525,404,688	397,379,542
	¥2,580,888,826	¥2,530,338,292

Production - Textile Sanitary Materials

Production of finished textile sanitary materials during April exceeded March production by 70 percent. Additional increases are expected to materialize in the near future, now that cotton sanitary materials have been removed from distribution control. Production for April as compared to March follows:

(Unit = pounds)

<u>Item</u>	<u>March</u>	<u>April</u>
Gauze	97,150	175,166
Absorbent Cotton	594,543	961,686
Bandage	32,523	91,817
Total	724,216 lbs	1,228,669 lbs

Pyrethrum Emulsion (30x) Production - April

The Ministry of Welfare reported 39,750 gallons of pyrethrum emulsion concentrate (30x) were produced by 14 licensed manufacturers during April. This quantity represents the first such production this year and is equivalent to 1,192,500 gals. of finished insecticide. Petroleum and raw material allocations for pyrethrum production have already been completed, and the production schedule calls for 413,750 gallons of concentrate (30x) or 12,402,500 gallons of finished insecticide during the next three months. Pyrethrum emulsion (30x) diluted 30 times with water, is effective against mosquito larvae when applied evenly over water surfaces with the ordinary hand pump sprayers.

Penicillin Production

Penicillin production for April fell below the 500 billion units anticipated for the month. However, 442 billion units were reported as having passed assay, even though the penicillin manufacturers had not received allocations of corn steep liquor imports received during March and April, due to a misunderstanding on the part of Japanese Government officials concerning regulations governing distribution of such imports for medical categories. Following is production by product for April:

(in millions of units)

<u>Item</u>	<u>April Production</u>
Amorphous penicillin	12,138
Crystalline penicillin	3,141
Penicillin "G"	22,323
Procaine in oil	80,584
Procaine "G" in oil	228,101
Penicillin ointment	3,251
Procaine "G", aqueous injection	42,686
Vaginal suppositories	6,554
Tablets	19,360
Procaine aqueous injection	23,834
Total	441,972

Biologics Production - April

Biologics production for April totalled ¥47,615,238. Following table illustrates total assayed, total passed assay, stocks under assay at the National Institute of Health and stocks on hand at the manufacturers:

<u>Product</u>	<u>Assayed at NIH</u>	<u>Passed Assay</u>	<u>Quantity Under Assay</u>	<u>Assayed Stocks on Hand at Manufac- turers - 1 May</u>
BCG Vaccine (doses)	4,909,400	1,132,700	61,243,000	1,291,500
BCG Diluent (doses)	1,656,400	652,300	8,320,200	808,000
Cholera Vaccine (cc)	32,850	16,700	134,650	198,250
Diphtheria Antitoxin (cc)	10,000	0	309,532	104,580
Diphtheria Toxoid (cc)	145,380	0	9,025,560	807,040
Pertussis Vaccine (cc)	0	0	301,393	0
Smallpox Vaccine (doses)	1,530,650	1,530,650	2,185,150	30,857,725
Tetanus Antitoxin (cc)	18,700	18,700	679,600	153,665
Tuberculin (cc)	702,400	563,000	777,655	670,678
Typhoid Vaccine (cc)	7,063,250	5,743,550	28,106,660	8,695,050
Typhus Vaccine (cc)	352,180	299,120	1,552,920	1,130,760

Biologics Assay

During the period 2 - 15 May the following biologics have been assayed and found to meet minimum standards:

<u>Item</u>	<u>Manufacturer</u>	<u>Lot No</u>	<u>Quantity</u>
BCG Vaccine (dried)	Kekkaku Yobekai	99-A	51,600 doses
		99-C	48,600
		103-A	53,000
		114-B	36,100
		115-A	39,600
		115-B	44,800
		115-C	48,200
		115-D	39,900
		115-E	41,000
		116-A	47,100
		116-B	58,500
		116-C	53,400
		116-D	43,100
		119-A	56,100
		119-B	50,000
		119-C	56,200
		119-D	58,300
		119-E	42,900
		123-A	55,100
BCG Vaccine (diluent)	Kekkaku Yobekai	90	74,500 doses
		96	88,500
		110	100,500
		114	112,000
		129	105,200
		130	88,500
		134	105,800
		135	74,800
		136	75,200
		137	79,300
		138	91,400
		139	54,700
		140	61,600
		147	81,800
		150	108,200
		152	97,300
		153	105,500
		154	99,000
		155	91,500
		156	73,800
		158	73,800
		159	92,500
		161	93,700
Diphtheria Antitoxin	Aichi Kessei	20	9,720 cc
	Hayashi Seiyaku	6	9,750 cc
	Hokkaido	40	7,620 cc
		41	9,699
	Takeda Yakuhin	42	9,423 cc
		44	9,429
		45	9,615
	Yashima Kagaku	47	17,680 cc
		54	18,500
Diphtheria Toxoid	Chiba Kessei	41	17,280 cc
		46	18,020
		51	18,260
		73	16,520
		13	18,160 cc
Smallpox Vaccine	Kagaku Kessei	13	18,160 cc
	Matsuyama Biseibutsu	6	97,500 doses
	Kitasato Kenkyujo	94	319,000 doses
		96	236,550

<u>Item</u>	<u>Manufacturer</u>	<u>Lot No.</u>	<u>Quantity</u>
Tetanus	Chiba Kessei Kitasato Kenkyujo	45	17,580 cc
		281	18,680 cc
		282	19,160
		283	18,560
		284	18,960
Tuberculin O.T.	Kekkaku Yobokai	110	24,995 cc
		112	22,160
		128	26,925
		132	26,800
Typhoid & paratyphoid Vaccine	Aichi Kessei	128	17,150 cc
		133	17,600
		157	13,550
		177	35,250
	Chiba Kessei	192	36,050
		202	36,300
		205	36,400
		211	37,000
		220	34,950
		223	36,400
		228	35,500
		229	35,750
		232	35,750
		234	35,750
		235	35,350
		241	35,900
		242	35,350
		245	35,000
		246	35,850
		253	36,250
		254	35,800
		255	35,250
		260	36,450
		261	35,250
		262	36,050
		263	36,500
		264	35,000
		265	36,650
		266	37,350
		267	36,850
		269	35,800
		270	35,600
		273	35,500
		278	36,600
		283	36,900
		284	36,500
		285	35,700
		287	36,800
		289	36,600
		290	35,150
		291	36,600
		300	33,500
		307	36,500
		311	34,750
		312	33,700
		314	35,400
	Fujisawa Yakuhin	86	26,550
		93	34,850
		96	32,850
	Kagaku Kessei	97	32,800
		160	36,200
		203	38,600
		206	37,600
		243	37,950
		244	39,150

<u>Item</u>	<u>Manufacturer</u>	<u>Lot No.</u>	<u>Quantity</u>
Typhoid and paratyphoid Vaccine	Kagaku Kessei	249	39,000 cc
		259	39,250
		261	39,250
		264	37,950
		265	37,500
		270	37,200
		271	38,750
		280	35,750
		283	39,250
		284	39,250
		288	38,750
		295	33,950
		297	37,500
		300	39,250
		301	39,250
		303	38,900
		317	38,150
		347	39,250
		350	39,250
	Kitasato Kenkyujo	788	38,650
		791	38,650
		792	38,300
		801	38,750
		803	38,450
		805	38,900
		809	39,150
		811	39,100
		817	38,650
		818	38,850
		822	38,800
		828	39,350
		829	39,900
		831	39,850
		835	39,850
		836	39,750
		837	39,850
		840	39,850
		845	39,800
		846	39,850
		855	39,750
		863	39,750
		865	39,650
		866	39,500
		906	39,450
		924	39,450
		926	39,600
		929	39,450
		930	39,750
		936	39,450
		940	39,600
		942	39,600
		948	58,450
	Mitsumaru Seiyaku	19	38,650
		21	37,550
		26	38,500
		29	38,900
		30	33,350
		31	35,800
		34	37,700
		41	37,200
		42	38,250
		44	39,150
		45	36,700

<u>Item</u>	<u>Manufacturer</u>	<u>Lot No.</u>	<u>Quantity</u>
	Takeda Yakuhin	281	16,100 cc
		286	17,100
	Teshiba Seibutsu	305	17,350 cc
		309	17,950
		311	18,650
		313	17,850
		317	17,050
		324	17,450
		326	17,450
		320	17,600

SECTION V

NARCOTIC CONTROL DIVISION

Enforcement

Narcotic agents in Wakayama reported the seizure of 500 grams raw opium. The defendant, a Japanese, stated he obtained the opium from an unidentified Korean in 1948.

Narcotic agents and police in Wakayama arrested a Japanese physician who forged narcotic order forms, the seal of the Ministry of Welfare and individual "hans", signature stamps, of various physicians. Narcotics were purchased over a period of 10 months from two wholesalers. It appears the physician consumed all the narcotics to satisfy his drug addiction.

Six persons, including a prefectural narcotic clerk, were arrested in Osaka after it was discovered the clerk had obtained access to seized narcotics, being held as evidence, through the complicity of an official in charge of the storage vault. A considerable amount of the narcotics were replaced with other substances. A laboratory technician who was involved in the conspiracy committed suicide before the crime was discovered.

During the month of May approximately 1,500 grams of heroin were seized in the Yokohama-Tokyo Area.

SECTION VI

WELFARE

March Public Assistance Statistics

For the second consecutive month National Public Assistance expenditures have exceeded one billion yen. See Incl. 5 for prefecture statistics for March.

Children's Institutions

The Civil Affairs Regions have indicated interest in the total number of children receiving care in institutions. The following table was compiled as of 23 June 1949 by the Children's Bureau:

<u>Name of Agency</u>	<u>Number of Agencies</u>	<u>Number of Inmates</u>
Lying-in agency	26	340
Infants' home	42	781
Mothers' home	260	16,978
Day nursery	2,353	216,887
Home for dependent children	275	14,570
Home for feeble-minded children	18	692
Home for blind, deaf and dumb children	5	196
Home for physically weak children	11	788
Home for juvenile training and education	58	4,070
TOTAL	3,048	255,302

*Includes the mothers only - Bureau estimates average of two children per case.

SECTION VII

SOCIAL SECURITY DIVISION

Cabinet Order Concerning Social Insurance Appeals Procedures - Amendment

As a result of the enactment of Law 47 of 31 March 1950, "Law for the Establishment of the Social Insurance Council, the Social Insurance Medical Council, the Social Insurance Referee and the Social Insurance Appeals Committee," (see Public Health and Welfare Bulletin 154, Incl. No. 5), amendments have been made to Cabinet Order 274 of 1948, "Regulations for the Insurance Referees, the Health Insurance Appeals Board, the National Health Insurance Appeals Board, the Seamen's Insurance Appeals Board and the Welfare Pension Insurance Appeals Board" (see Public Health and Welfare Bulletin 149, Incl. No. 5). Inclosure No. 6 consists of Cabinet Order 274 of 1948 (under its new title: "The Regulations for the Social Insurance Referees, the Social Insurance Appeals Committee and the National Health Insurance Appeals Committees") as amended by Cabinet Orders 334 of September 1949 and 153 of 22 May 1950. This Inclosure supercedes Incl. No. 5 to Public Health & Welfare Bulletin 140.

A major weakness in the functioning of the Social Insurance Referees lies in their apparent lack of understanding of the provision of this Cabinet Order. This misunderstanding is evidenced by the majority of referees continuing to operate as an adjuster rather than as the presiding official of a hearing. All reports indicate that referees' decisions are based wholly upon the referees' independent "investigations" and that the concept of a "fair hearing" has not been grasped.

Social Insurance Budget JFY 1950

1. The national budget for the current fiscal year, which started on 1 April 1950, has been enacted by the Diet. The appropriations for social insurance activities under jurisdiction of the Ministry of Welfare are summarized below. Adjusted 1949 figures are included for comparison. (A similar tabulation comparing 1949 and 1948 budgets was given in Public Health and Welfare Bulletin No. 127 for period 30 May - 5 June 1949).

	JFY 1950 (million yen, except where stated otherwise)	JFY 1949
a. Total national budget on general account	661,406.1	741,046.6
b. Total appropriation to Ministry of Welfare	32,852.1	27,168.5
c. Ministry of Welfare's share of public works expenditures	2,115.9	866.3
d. Total appropriations to Local Finance Commission for progress under supervision by Ministry of Welfare, including subsidies transferred to the Equalization Account	2,762.1	1,181.9
e. (b) expressed in percent of (2)	5.0%	3.7%
f. (b) plus (c) plus (d) expressed in percent of (a)	37,730.1 5.7%	(29,216.7) 3.9%
g. Total appropriation to Insurance Bureau	2,156.4	1,670.1
h. Insurance Bureau's share of (c) above, excluding repatriates' relief	6.1	0.0

JFY 1950

JFY 1949

i. Insurance Bureau's share of (d) above, to wit: national subsidies to prefectures toward cost of National Health Insurance administration at prefecture level	5.3	6.6
j. (g) expressed in percent of (a)	0.3%	0.2%
k. (g) expressed in percent of (b)	6.4%	6.2%
l. (g) plus (h) plus (i) expressed in percent of (a)	(2,167.8) 0.3%	(1,676.7) 0.2%
m. (g) plus (h) plus (i) expressed in percent of (b) plus (c) plus (d)	5.8%	5.7%

From the above tabulation a total of 2.17 billion yen of national funds has been appropriated for the social insurance programs under jurisdiction of the Ministry of Welfare. This amount exceeds last year's equivalent by 0.5 billion yen. Representing 0.3 percent of total appropriations on general account and 5.8 percent of national appropriations for health and welfare, it shows slight gains over last year also in the relative shares of national funds going to these social insurances: in JFY 1949 the comparable shares were 0.2 and 5.7 percent respectively.

2. Broken down by major appropriation item, the comparison is as follows:

	JFY 1950	JFY 1949
	(million yen)	
a. Administration, supervision, coordination, research and planning on the national level, including information services, appeals programs, and the government's share of the administrative cost of the Social Insurance Medical Fee Payment Fund.	18.8	14.4
b. Administration of government-managed Health Insurance and supervision of society-managed Health Insurance	295.2	186.9
c. Supervision of, and subsidies for, National Health Insurance	1,265.6	919.0
d. Administration of, and subsidy for, Welfare Pension Insurance	423.9	416.4
e. Administration of, and subsidies for, Seamen's Insurance	152.9	133.4

3. Out of the individual program costs as listed above the following amounts are given as national subsidies or grants:

a. Government-managed Health Insurance (toward administrative cost only)	153.2	89.9
b. Society-managed Health Insurance (toward administrative cost only)	137.2	89.4

c. National Health Insurance

(1) to the prefectures (administrative cost only)	(13.4)	(11.7)
(2) to the insurance carriers (administration, and incentive grants toward cost of public health nurses and doctors and the establishment of clinics)	(1,246.5)	(902.2)
(3) to the prefectural federations of National Health Insurance carriers (administration only)	(3.2)	(3.2)
Total National Health Insurance*	1,263.1	917.1

*To this sum, 5.3 billion yen (6.6 in 1949) should be added as listed under 1., i, above.

d. Welfare Pension Insurance

(1) Administration	294.7	267.5
(2) Toward cost of benefits	128.7	148.5
Total	423.4	416.1

e. Seamen's Insurance

(1) Administration	34.0	31.4
(2) Toward cost of benefits	118.5	101.2
Total	152.5	132.6

Grand Total, all programs*	2,112.8	1,620.2
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Total subsidies expressed as percent of total appropriations to Insurance Bureau	98%	97%
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4. It should be borne in mind that none of the figures listed above include revenues accruing to the several programs from sources other than the national government. These constitute, of course, the bulk of total receipts. Revenues from all sources and expenditures, as estimated, are consolidated in the several special account budgets. For society-managed Health Insurance and National Health Insurance, consolidated statements are not available, however, inasmuch as under these two categories each insurance carrier draws up its own budget independently. Available special account budget estimates are as follows:

* To this sum, 5.3 billion yen (6.6 in 1949) should be added as listed under 1., i, above.

5. To obtain a reasonably complete estimate of the monetary transactions involved, on the overall, in annual social insurance operations, including those not under the jurisdiction of the Ministry of Welfare, the following must be added:

JFY 1950

JFY 1949

(million yen)

	<u>Revenues</u>	<u>Expenditures</u>	<u>Revenues</u>	<u>Expenditures</u>
a. Unemployment Insurance Special Account	17,569.0	17,567.0	12,967.8	12,967.8
b. Workmen's Accident Compensation Insurance Special Account	8,218.0	8,218.0	5,839.7	5,839.7
c. Estimate of Government Pension transactions	5,626.3	5,626.3	3,341.9	3,341.9
d. Estimate of National Public Service Mutual Aid Associations' transactions	17,013.0	14,253.0	14,332.5	13,188.2
e. Appropriations to the Social Security (Advisory) Council (at Cabinet level)	3.9	3.9	2.9	2.9
Total	48,430.2	45,668.2	36,484.8	35,340.5
Grand Total (4) plus (5)	119,680.6	105,159.2	91,509.7	80,035.0

Expressed in percent of estimated national income for the fiscal years under review, these totals represent 4.1 and 3.6 percent of the estimated JFY 1950 and 1949 national income (2.9 trillion for 1950 and 2.6 for 1949) respectively.

JFY 1950

JFY 1949

(million yen)

	<u>Revenues</u>	<u>Expenditures</u>	<u>Revenues</u>	<u>Expenditures</u>
a. Welfare Insurance Special Account, Total	28,260.8	16,893.3	26,173.7	16,831.7
(1) Sub-account for Government-managed Health Insurance	(14,596.6)	(14,596.6)	(14,609.2)	(14,609.2)
(2) Sub-account for Welfare Pension Insurance	(12,743.0)	(1,375.6)	(10,684.2)	(1,342.2)
(3) Management sub-account	(921.1)	(921.1)	(880.3)	(880.3)
b. Seamen's Insurance Special Account	2,060.1	1,668.2	1,441.1	1,091.7
Total	30,320.9	18,561.5	27,694.8	17,923.4

Rough estimates of the total revenues and expenditures for which consolidated budgets are not available are as follows:

c. Society-managed Health Insurance	22,534.9	22,534.9	14,698.9	14,698.9
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d. National Health Insurance	18,394.6	18,394.6	12,631.2	12,072.2
	<hr/>	<hr/>	<hr/>	<hr/>
Total	40,929.5	40,929.5	27,330.1	26,771.1

Adding all items of revenue and expenditure pertaining to social insurance activities under the jurisdiction of the Ministry of Welfare, the following estimated totals are obtained:

All programs aforementioned	71,250.4	59,491.0	55,024.9	44,694.5
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Crawford F. Sams

CRAWFORD F. SAMS

Brigadier General, Medical Corps
Chief

10 Incls:

1. Dysentery Control
2. Technical Bulletin - "Principles of V. D."
3. Public Health & Welfare Information
4. Kan No. 66
5. Public Assistance Report - March
6. Regulations for Social Insurance Referees
7. Japanese Hospital Report - April 1950
8. Digest of Weekly Report of Communicable Diseases in Japan for Week Ended 29 April 1950.
9. Digest of Weekly Report of Communicable Diseases in Japan for Week Ended 6 May 1950.
10. Digest of Weekly Report of Communicable Diseases in Japan for Week Ended 13 May 1950.

DYSENTERY CONTROL

ROLE OF THE SANITARY TEAM AND THE SANITARY INSPECTOR

General

The rise in dysentery rates in Japan is of serious concern to all public health officials. Dysentery is a filth disease spread by feces, flies and contaminated food and, therefore, is an index of a low standard of environmental sanitation. Basic sanitation rules in the prevention of dysentery include the control of food, flies, fingers, feces and fomites which enter, or cause disease organisms to enter the mouths of susceptible individuals.

Considerable thought has been given to the personnel that would be available in the prefectures to concentrate on the actual improvements to basic environmental sanitation. It is realized that administration sections of prefectures, municipal-town-village and other organizational offices are adept at completing plans of operation on paper but little attempt is made to check compliance in the field with instructions and directives. Attention is invited to the fact that an organization is available in every prefecture, specifically established for the control of environmental sanitation. This organization is charged with the responsibility of taking direct action on insanitary conditions by eliminating their danger as a health hazard. This is the sanitary team and sanitary inspector organization financed by the Insect and Rodent Control Budget that allows for 2,620 teams and 4,593 assistant inspectors in Japan for 1950-1951.

Before discussing the sanitary team-inspector organization it is opportune to briefly mention other organizations that have caused confusion and misguidance of sanitary personnel. Every municipality has a sanitation section. Out of this section operate the garbage and refuse teams and the ditch cleaning teams, the effective work of which is the responsibility of the administrative office of the urban areas involved. These teams proceed along main lanes, streets and roads to collect garbage from garbage boxes and garbage piles and to clean ditches adjacent to the lines of travel. They do not have the additional responsibility of improving other insanitary sites in backyards, vacant areas, etc., where the control of breeding areas of insects and rodents is usually neglected. In the past, the responsibility for correcting insanitary sites, directly or indirectly influencing transmission of diseases, such as open benjos, well pollution, crowded housing conditions, indiscriminate waste disposal by the public, etc., was placed upon the local dwelling owner who lacked suitable education on corrective procedures. Mayors, sanitation chiefs and other administrative officials have in the past used insect and rodent control funds to finance the garbage, refuse and ditch cleaning teams. This defeated the purpose of these appropriations. Actually in most cases, funds for insect and rodent control were used to support existing organizations; consequently, the funds have not been used for the improvement of local environmental sanitation as intended.

Insecticide dusting teams were organized in 1945 to initiate and execute typhus control measures. In 1946 they were given the responsibility of all phases of insect and rodent control and the improvement of environmental sanitation when it appeared evident that individuals and existing public sanitary organizations were not capable or qualified to carry on widespread sanitation programs in the prevention of communicable diseases and the improvement of public health.

Article 33 of the National Infectious Disease Prevention Law of 1897 permitted local governors to establish sanitary or hygiene associations (Eisei Kumiai) who in turn were required to form teams of a quasi-voluntary nature for community cleaning, reporting of disease, mass immunization, garbage disposal, etc. However, after forty years of existence these organizations became very political in their make-up and the leading members, in the majority of cases, carried on vicious rackets contrary to the public welfare.

During the rise of the military clique these groups were absorbed by the Tonari-gumi or "neighborhood association" in which all persons living within a prescribed area were placed under the control of a chief who wielded feudal powers and was given unrestricted authority within his area. The Tonari-gumi bosses were willing instruments of the military clique and were the means for controlling and influencing the thought and actions of the entire nation. Close surveillance was maintained over every individual so that government eventually became a reign of fear, with food distribution, rationing and special favors dispensed or withheld at the dictate of the local boss. Additional policies such as compulsory membership, requiring members to pay fees for support of the local leaders and their projects, delegating special duties to favored individuals, directing members to buy various products regardless of need, and similar operations developed in the associations and resulted in their becoming a further dictatorial power over local citizens. Little effort was made to provide a system whereby all the citizens would benefit from group accomplishments, especially in the improvement of environmental sanitation. Individuals were primarily interested in their own personal welfare and the basic essentials required for their daily needs. They did not consider sanitation from a health standpoint, and such things as the lack of technical knowledge, excessive political activity, the misuse of insecticides, the sale of supplies subsidized for disease control programs and the low economic levels associated with poor sanitation were not conducive to a progressive and effective sanitation program. Until the occupation, the public was dependent upon these political militaristic associations for their very livelihood and accepted their existence despite their corruption and dictatorial power. On the termination of the war the associations comprising the Tonari-gumi were abolished by SCAP. This was directed by SCAPIN 548, 4 January 1946, subject, "Abolition of Certain Political Parties, Associations, Societies and other Organizations". Upon dissolution of the Tonari-gumi, the bosses and other officials who were dispossessed of their feudal powers attempted to regain their prestige and establish other organizations which they hoped would not be affected by the dissolution order. They could not refrain from resuming previous practices and it was necessary as of April 1947 for SCAP to issue another order implemented by Cabinet Order No. 15, May 1947. This stated that any officials of the former organization were prohibited from holding any office administering the functions performed by them under the old organizational set-up. Such organizations would cease to function entirely. Successor offices or organizations were prohibited unless authorized by the National Diet.

Again, the lack of formerly acquired power was a loss to the purged bosses and they strongly supported a return of an organization in the form of the Eisei Kumiai, a sanitary organization that had been absorbed by the Tonari-gumi previous to the occupation. Permission was granted to use sanitary organizations on the basis which they claimed was considered necessary to continue epidemic disease control and the improvement of sanitation. It was soon evident within a year that this organization was on the same basis of the previous ruling organizations so that measures had to be taken to stop their activity. Finally, sanitary associations as the Eisei Kumiai were dissolved by Kosei-sho Hatsu-yo No. 52, 20 August 1948, after being initiated by PHMJG No. 69, 16 August 1948. However, in order to assist in sanitation programs, various organizations were permitted to engage in health and welfare education and information activities. These associations were permitted to engage in health and welfare education and information activities. It was directed that they be of a voluntary nature and bear no relation to the old sanitary organization. A draft of Yo-Hatsu No. 131, 11 February 1949, subject, "Concerning Guidance and Supervision of the Health Education and Information Organization" was submitted by Ministry of Welfare

Welfare officials which was approved by issuance of PHJG No. 91, 24 February 1949. Yo-hatsu No. 255, 19 March 1949, was a further directive concerning this subject.

Prior to the prohibition of these organizations, plans had been initiated to train and equip, as a nucleus of a nation wide organization, a small group of personnel to improve sanitation. This was started in April 1946 when the first six man sanitary teams gave demonstrations at Kyoto and Sendai to gatherings of public health officials representing all areas of Japan. The selected teams in their demonstrations applied corrective procedures which would be necessary to satisfactorily maintain entire areas free of insanitary sites or health hazards. One team was to be organized for every 2,000 population, this to be accomplished mainly in cities which were badly damaged in the war. All teams were to be under the supervision of the prefectural Insect and Rodent Control Officer (SCAPIN 920, May 1946) who was directly responsible to the prefectural public health officer. Health centers were in the planning stage and were only partially functioning throughout Japan at that time so that teams were organized and administratively supported through city sanitation sections. However, by 1948, health centers in many areas were able to supervise sanitary team activity (teams had been reduced to one for every 10,000) in health center districts by two environmental sanitary inspectors from their sanitation sections. The following year, Koseisho-hatsu-ei No. 35, 9 April 1949, subject "Insect and Rodent Control" reduced the sanitary teams to one for every 13,000 in cities and towns over 13,000 population. One assistant inspector was to be assigned as the leader of each sanitary team. The 1950-51 program continued the personnel organization on generally the same basis. An amendment to the National Infectious Disease Prevention Law, Article 16, para. 2, was passed by the National Diet April 1950 to place the sanitary team and the assistant inspector on a permanent basis for sanitation work. This law will be implemented by a cabinet order after joint determination with Ministry of Finance representatives of personnel requirements for 1952.

The insect and rodent control budget for 1950-51 allows ¥ 591,716,000 within the Equalization Grant Law and includes ¥369,423,188 (62%) for 2620 teams in urban areas, one for every 13,000 population, and 4593 assistant inspectors who are assigned to rural areas, one for each 10,000 population. The two environmental sanitary inspectors in each health center, financed from the health center budget, complete the personnel organization. Appropriations for supplies were ¥220,942,402 (36%) which provides for 5% DDT residual effect solution, 10% DDT powder dusting and pyrethrum emulsion. These three materials are the only standard insecticides and larvacides recommended for use in large scale disease control programs by the sanitary team organization. (It is noteworthy to mention here that these insecticides are not disinfectants as misunderstood by some Japanese personnel). A subsidy for equipment in 1950 was not approved so that available equipment in prefectures must be carefully used. Agricultural insecticide equipment is a possible source of assistance. The remaining ¥1,350,500 (2%) of the Insect and Rodent Budget is for transportation. The distribution of expenses varies, but generally the national, prefectural and local governments share the costs of personnel by 50%, 25% and 25% respectively. On supplies it is approximately a one-third share of expenses for each.

Responsibility

The sanitary team-inspector organization requires that prefectural public health departments (under the Governor) assume full responsibility for the program. The director of the prefectural health department and his section chiefs coordinate in assisting the prefectural insect and rodent control officer in the supervision, organization, training and coordination of the program in health center districts within the prefecture. In each health center districts it is the responsibility of the health center director and his section chiefs to guide and assist the health center sanitation section. This section contains the food inspectors and the environmental sanitary inspectors and teams who are performing the field work in this program. In cities and towns under 150,000 population, within health center districts, the health center personnel are also responsible for the direction, training and guidance of the assistant inspectors and sanitary teams. Usually, these teams and inspectors are for convenience attached to the small city or town sanitation section for supplies and administration support. The assistant inspector is responsible for the operation of the individual sanitary team in accordance with

instructions from the health centers director. The administrative sequence of the prefectural insect and rodent control officer, the health center environmental sanitary inspector, the assistant inspector and the sanitary team is essential to the organization, training, supervision and operation of efficient personnel in an effective program. All directives and technical information concerning the sanitation program should be passed along this channel until the lowest group is reached. (Inspections have revealed that much of the pertinent material has stopped at the higher levels.)

A similar chain of responsibility exists in cities of over 150,000 population with the interposition of a city health department and its sanitation sections between the prefectural and the health center district personnel. In this case, directives and technical information are passed from prefectural sanitation sections to city health departments to health center officers.

City Responsibility

It has always been the responsibility of the city-town-village administrations to provide the public services of garbage-refuse collection and disposal. It is also their responsibility to coordinate activities of the sanitation sections and the public works department to repair, construct and clean drains, ditches, gutters and sewers bordering city streets and roads. The sanitary teams in many cases are attached for administrative support to city sanitation sections (under 150,000 population) and it is their duty to use insect and rodent funds for sanitary teams and not for city services such as for garbage refuse collecting teams or ditch cleaning teams. It is intended that these three different teams be used for a common endeavor; however, each has a separate purpose. The correct coordination of these teams will result in improvements to environmental sanitation, as each is necessary in the maintenance of a public health program.

The lack of complete understanding of the sanitary team purpose has been the fault of both the occupational and the Japanese representatives concerned in directing these personnel in the cleaning of ditches. Attention is invited to the fact that aesthetically these sites are bad and will still be bad after cleaning until such time as construction facilities permit improvement. However, in disease prevention the immediate health hazard of ditches can be removed by a proper application of an insecticide to prevent mosquito breeding and by education of the public to cease using these sites for garbage and refuse, the indiscriminate disposal of human wastes and the use of the ditch water for washing vegetables, clothing and hands. Sanitary teams have wasted considerable time and appropriated funds through poor guidance on this problem when other adjacent insanitary sites of a greater disease and health significance have been neglected.

Sanitary Team Objectives

The primary objective of a sanitary team is the maintenance of an area that is relatively free of known environmental health hazards and presents a satisfactory environment to the respective residents throughout the year. This feat must be accomplished by teams performing educational guidance or advice to the public concerning every sanitary problem of water, sewage, night soil, garbage, refuse, insects, rodents and housing as well as applying corrective remedies at each insanitary site. Appropriations have been sufficient to allow six men per team for six months - April through September. The team includes the assistant inspector and five laborers. From October through March appropriations are usually only sufficient to retain the assistant sanitary inspector.

Operation of Sanitary teams should be planned in advance by dividing health center district areas into sanitation team districts by a correlation of areas and population through the use of maps and a study of actual conditions. This will also depend upon the terrain. Each sanitary team district should be divided into daily areas which can be thoroughly covered in a day, which means the coverage of the entire area to search for any insanitary hazard that can be corrected at the time of visit. All inspectors and teams should be cognizant of the boundaries involved in daily assignments and districts by the use of their own maps. Effort should be made to centralize equipment and supplies in team districts of large urban areas. As the team starts to work in its daily area, every member should be aware of the sites

that contribute to poor sanitation and the measures required to improve that site. Results will depend upon the assistant inspectors training and guidance of his team. It will save time and transportation if all insanitary hazards are considered and corrected as the team moves forward. The concentration on one objective will miss or skip many others that could be improved as they are encountered. The operation of the assistant inspector and his team must include the entire surroundings of all private dwellings, schools, public institutions and factories, including all vacant areas and around rice paddy areas within municipal boundaries. A 100% coverage of all ground area within the sanitary team district must be repeatedly covered at least every two weeks during the summer phase to prevent flies and mosquitoes from becoming prevalent in locations such as new garbage collections and recent rain water accumulations, respectively. Initiation of this program in April would prevent these insects from reaching high incidence during favorable weather in July and August and prevent a comparable rise of insect-borne diseases during these months.

Every urban area is slightly different and many variations of sanitary problems will be found. The assistant inspector and his sanitary team must have practical solutions for each situation. These situations will include the following unsanitary sites or health hazards which must be recognized and remedied as the team progresses through each daily area. All items can be found and corrected simultaneously by a progressive team. (Pass this information and the corresponding correct procedures to sanitary team members and assistant inspectors as they are the ones who are actually completing this work.)

1. The elimination of all breeding areas of flies such as garbage or refuse collection in areas not adjacent to the city's garbage and refuse team routes by burning or burying or requiring its removal by the offender.
2. Spraying public benjos with DDT solutions, as well as bad individual sanitary facilities and advising the repair of all faulty benjos to accomplish tight construction and to maintain cleanliness.
3. Elimination of all mosquito breeding areas by the use of the proper insecticide application, spraying of ditches containing water, assisting in draining or filling shallow water bodies, tipping over small containers, filling stone holes in cemeteries, etc., spraying of entire walls and ceilings of animal barns for adult mosquito control.
4. Insecticide dusting of crowded living quarters and unclean individuals where the habitat of the insect, the louse, may be found.
5. Samples of water from suspected individual wells should be collected for bacteriological tests and "on the spot" or "follow up" recommendations can be made. Daily residual chlorine tests, as well as samples, may be taken at various water taps throughout municipalities.
6. The search for rodent activity should be continuous throughout the year to destroy harborages, initiate rat proofing and institute alternating control methods of trapping and the use of poison baits.
7. Prevention of indiscriminate disposal of human wastes by individuals should be an objective by direct instruction of the public on cleanliness and needed sanitation improvements.
8. The teams should prohibit the use of ditch water or other polluted water for the use of washing vegetables, clothes and hands.
9. Coordination with other sanitary programs, such as the national "clean-up" weeks in April and October, and assisting in their completion.
10. Coordination with responsible supervisors of sanitation sections and individuals concerned on insanitary sites which are too expensive for team personnel and which require additional assistance.

11. Other health hazards varying in importance depending upon the local conditions should be included in the teams activities.

12. In the event of typhus and Japanese "B" encephalitis disease cases or occurrence of similar insect-borne diseases, the sanitary team personnel should complete anti-epidemic measures within a radius of 50 meters around each location.

Sanitary Inspectors

Environmental sanitary inspectors in the health center have the responsibility for directing this work through their supervision of the assistant inspectors and by direct contact with the teams. Additional responsibility includes the supervision of other environmental sanitation programs and the inspection of sanitation conditions in all areas within the health center district for recommendations and corrections. Examples are bath houses, theaters, public conveyances, welfare institutions, public institutions, schools, hospitals, hotels, dormitories, cabarets, Riyoshi establishments, factories, prisons, orphanages, public gathering places, etc. Training of sanitary team personnel and direct education of the public are included in his duties. The assistant sanitary inspectors are required to supervise, guide and direct teams and the public of rural areas in the same duties.

Training

Insecticides and rodenticides procured by governmental units for the sanitation program are to be used by the sanitary teams and the sanitary inspectors. They are not to be sold to the public for individual use but are to be used by teams of trained personnel in the sanitation program. All insecticides and rodent control supplies are now on free sale and any individual may buy them from local retail outlets for their own use to supplement the work of the teams. Information on methods of application for such individual use should be made readily available at health centers. The sanitary team members and assistant inspectors must be thoroughly trained to obtain effective application of insecticide and rodenticide supplies used in their programs. The month of April is stressed for training periods to review and study the activities required for the completion of the summer phase of a sanitation program. October is the month prior to the winter phase when training periods should be organized to teach and study activities required for completion of the winter sanitation program. Demonstrations in the use of equipment, supplies and personnel should be emphasized at all training periods. Procedures, techniques and methods for the improvement of all subjects in environmental sanitation must be shown to personnel engaged in this work. Prefectural and health center officers must accomplish this in designated training periods so that control measures can be undertaken at the proper time. Health center and city sanitation sections should maintain a continuous program throughout every year with special emphasis on seasonal problems.

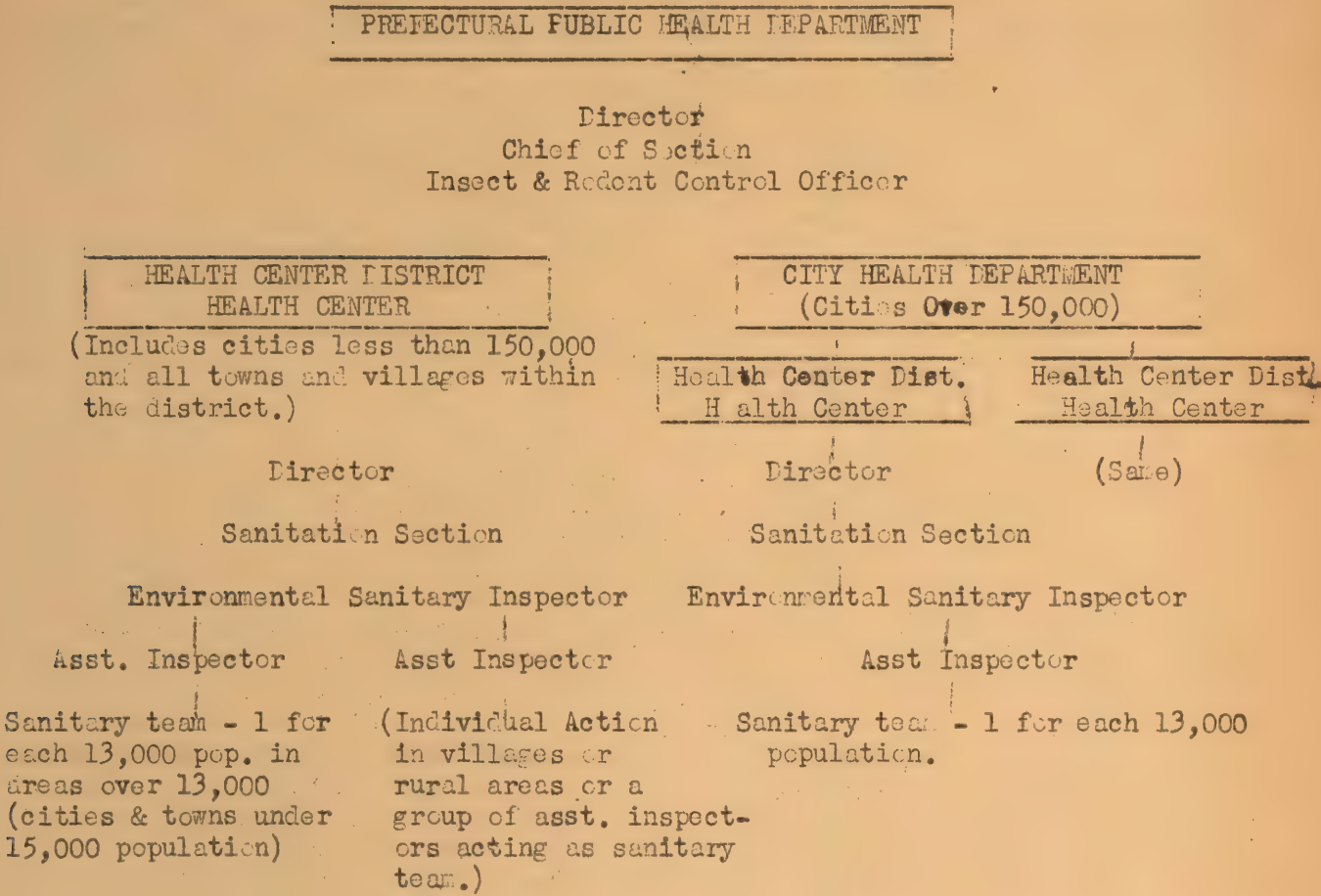
Disease Control

The problems of the sanitary team-inspector organization include budgets, qualified personnel, salaries, training, equipment, transportation, organization, etc. It is not expected that the organization will be perfect or correct in all instances during the initial stages; however, if the correct interpretation of the purpose of the teams and the inspectors is understood by all concerned, their usefulness in the improvement of environmental sanitation will be of extreme value to every community in each prefecture and every health center district. Diseases such as the dysentery group, typhus, Japanese "B" encephalitis, malaria, typhoid and others which are present in Japan can be controlled by maintaining satisfactory environment. Other diseases such as those caused by the intestinal parasites may be controlled or prevented by understanding and applying sanitation rules to daily behavior.

Recent reports of dysentery cases occurring in prefectures indicate that this disease must receive priority in control during 1950. The understanding of the sanitary team-inspector organization, its purpose and its correct use, will give invaluable assistance to improve neglected insanitary sites that directly or indirectly may be responsible for food, feces, flies, fingers or fomites carrying dysentery organisms to the mouth of susceptible individuals. It is repeated.....

if basic sanitation rules or cleanliness are followed in daily living habits, this public health problem can be solved. The information-education program and the sanitary team-inspector organization, providing they function properly, should result in maintaining a high level of environmental sanitation.

SUPERVISION RESPONSIBILITY DIAGRAM FOR SANITARY TEAM-INSPECTION ORGANIZATION



Note: All sanitary teams, sanitary inspectors and assistant inspectors are under the supervision of the Health Centers. However, sanitary teams may be stationed for convenience in sanitation sections of cities less than 150,000 population lying within a Health Center District. The teams will receive equipment, supplies and administration support from these sections. The health centers and the municipal offices within the health center district will be required to coordinate.

Prefectural Public Health Department

Sanitation Section
(Insect & Rodent Control Officer)

City Health Department
(Cities over 150,000)

Sanitation Section

Health Center District
Health Center

Sanitation Section

Envir. Sanit. Insp.
Asst. Inspector
Sanitary Team

Foreman

Garbage
& Refuse
Teams

Ditch
Cleaning
Teams

Debris &
Rubble
Removal
Teams

Health Center District
Health Center

Sanitation Section

Envir. Sanit. Insp.
Asst. Inspector
Sanitary Team

Foreman

Public Works
Section

Engineer Supervisor

Gutter,
Ditch
Drain
Sewer
Repair
& Const.

Health Center District
Health Center

Sanitation Section
Environmental Sanitation Insp.

Cities
(Over 150,000)
popl.

Towns

Villages

Sanitation
Sections

Sanitation
Sections

Sanitation
Sections

Asst. Inspector
Sanit. Teams

Asst. Insp.
Sanit Teams

Asst. Inspector
ors.

Garbage and
Refuse Teams

Garbage and
Refuse Teams

Ditch Cleaning
Teams

Ditch Cleaning
Teams

Organization Chart of Sanitation Section Activities.
(Broken lines indicate technical supervision only)

----- Technical Supervision Channel
----- Administrative Responsibility

EXAMPLE - OPERATION PLAN FOR SANITARY TEAMS IN SANITARY TEAM DISTRICTS

No. 2
Sanitary Team
District
18 daily
areas

No. 3
Sanitary Team
District
12 Daily
Areas

-- 1 Kilometer
belt around city
from edge of build-
ing area

Daily Area
for Saturday

No. 4

Example - A municipality
of 65,000 population and
four sanitary teams. Size of districts
depends upon distribution of population
and terrain .

Entire area has been
covered for removal
of insanitary sites

Areas
along
Streets
& roads
have
only
been cov-
ered

Correct way to cover daily areas
by sanitary teams and inspectors:

Incorrect way to cover daily areas
by sanitary teams and inspectors.

NOTE: This plan is for the operation of sanitary teams and inspectors. All daily areas should be covered at least once every two weeks. It will be of advantage to cities-towns-villages to study and initiate similar plans for garbage and refuse teams to increase their efficiency and for correlation with sanitation programs.

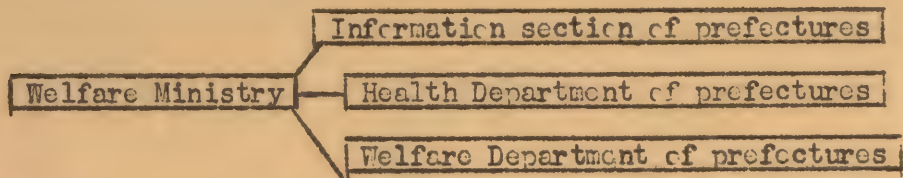
References:

SCAPIN 920, 4 May 1946, "Appointment of Insect and Rodent Control Officers."
SCAPIN 2011, 28 May 1949, "Prevention and Control of the Typhus Fever Group of Diseases in Japan".
Health Center Law No. 101, 5 September 1947.
Infectious Disease Prevention Law, 1 April 1897, and Amendments
Health Center Organizational Chart
Public Health and Welfare Bulletin No. 149, 1 - 15 February 1950 "Yearly Sanitation Program" (Ei Hatsu # 174, 6 March 1950)
Public Health and Welfare Bulletin No. 152, 15 - 20 March 1950, "Insect Control". (Ei Hatsu No. 342 - 22 April 1950)
Public Health and Welfare Bulletin No. 154, 15 - 30 April 1950 "Rural Sanitation".

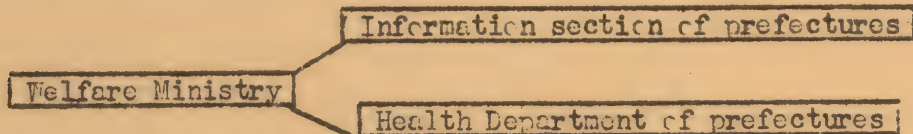
Inclosure No. 2 missing

(A) Distribution system of Notifications on information activities

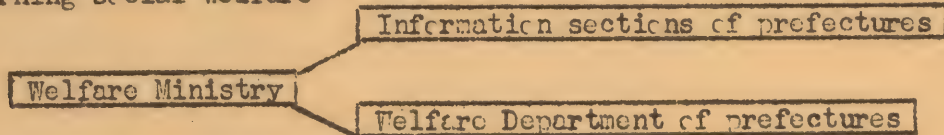
1. Concerning both public health and welfare



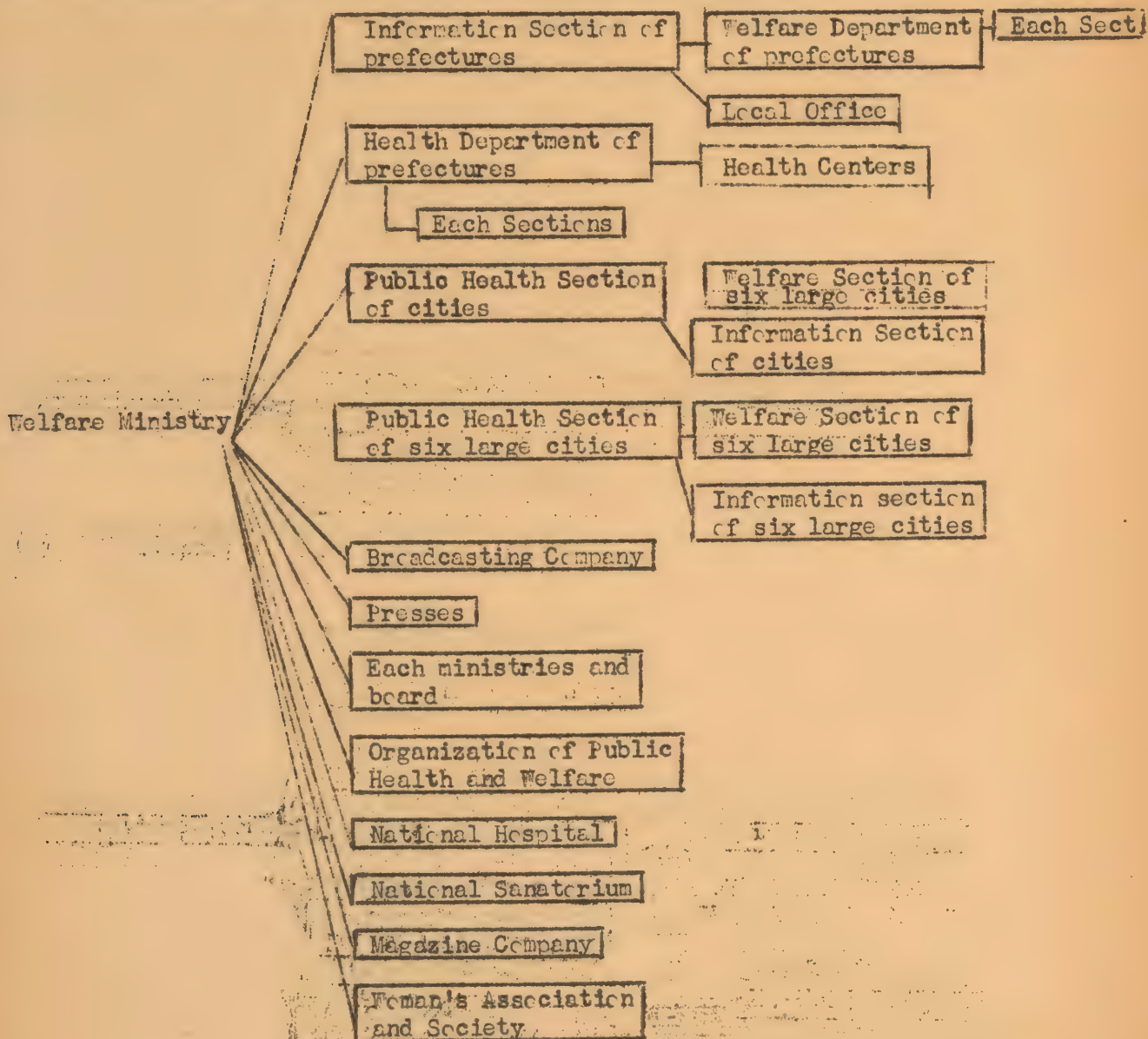
2. Concerning public health



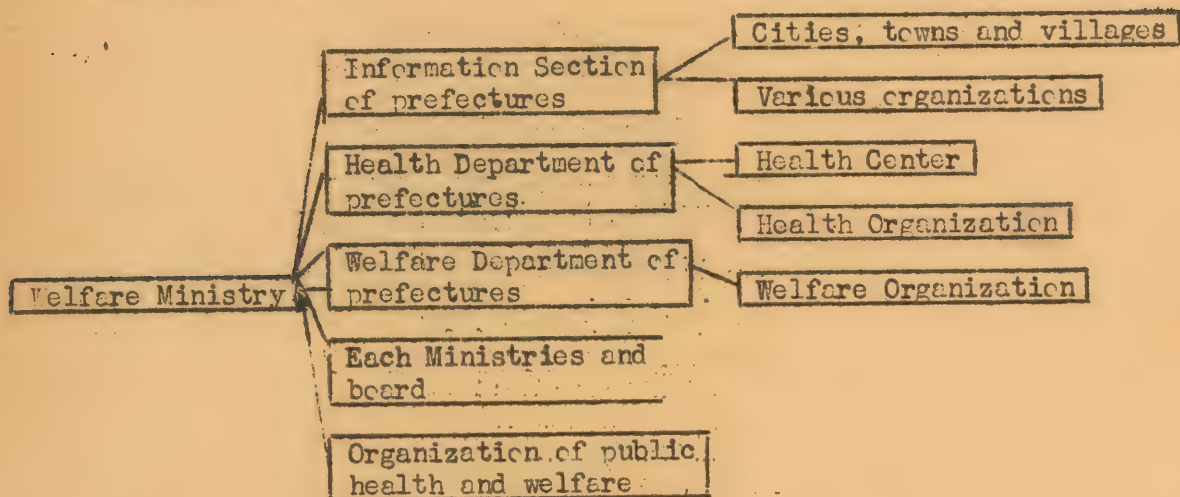
3. Concerning social welfare



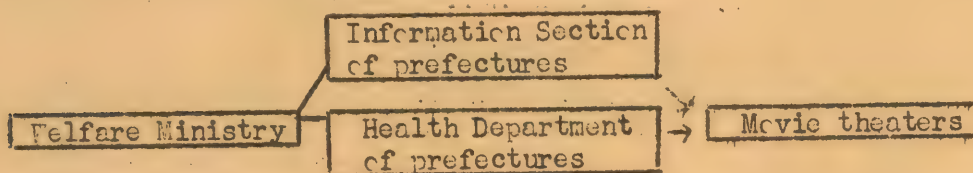
(B) Distribution system of "Koko Dayori"



(C) Distribution system of Kamishibai, Posters and travelling exhibits



(D) Distribution system of lantern slides



(E) Distribution system of "Atarashii Seikatsu" (New Life)

Welfare Ministry	-	Information Section of prefectures
	-	Health Department of prefectures
	-	Welfare Department of prefectures
	-	Health Centers
	-	Information Sections of other ministries and board
	-	Presses
	-	Magazine Companies connected with public health and welfare
	-	Medical Association and other Scientific Association
	-	Central Broadcasting Bureaus of BCJ
	-	Leprosy Prevention Association in prefecture
	-	Welfare Committee of Diet
		National Library

(F) Distribution system of pamphlets and leaflets

a. on public health

Welfare Ministry

-	Health Department of prefectures
-	Health Centers
-	Information Section of prefectures
-	Other ministries and board
-	Presses
-	Magazine Company

b. on social welfare

Welfare Ministry

-	Information section of prefectures
-	Welfare Department of prefectures
-	Health Centers
-	Local Office
-	Office of Education Committee
-	Broadcasting Company
-	Presses

9 May 1950

From: Chief, Nursing Section,
Medical Affairs Bureau, Ministry of Welfare

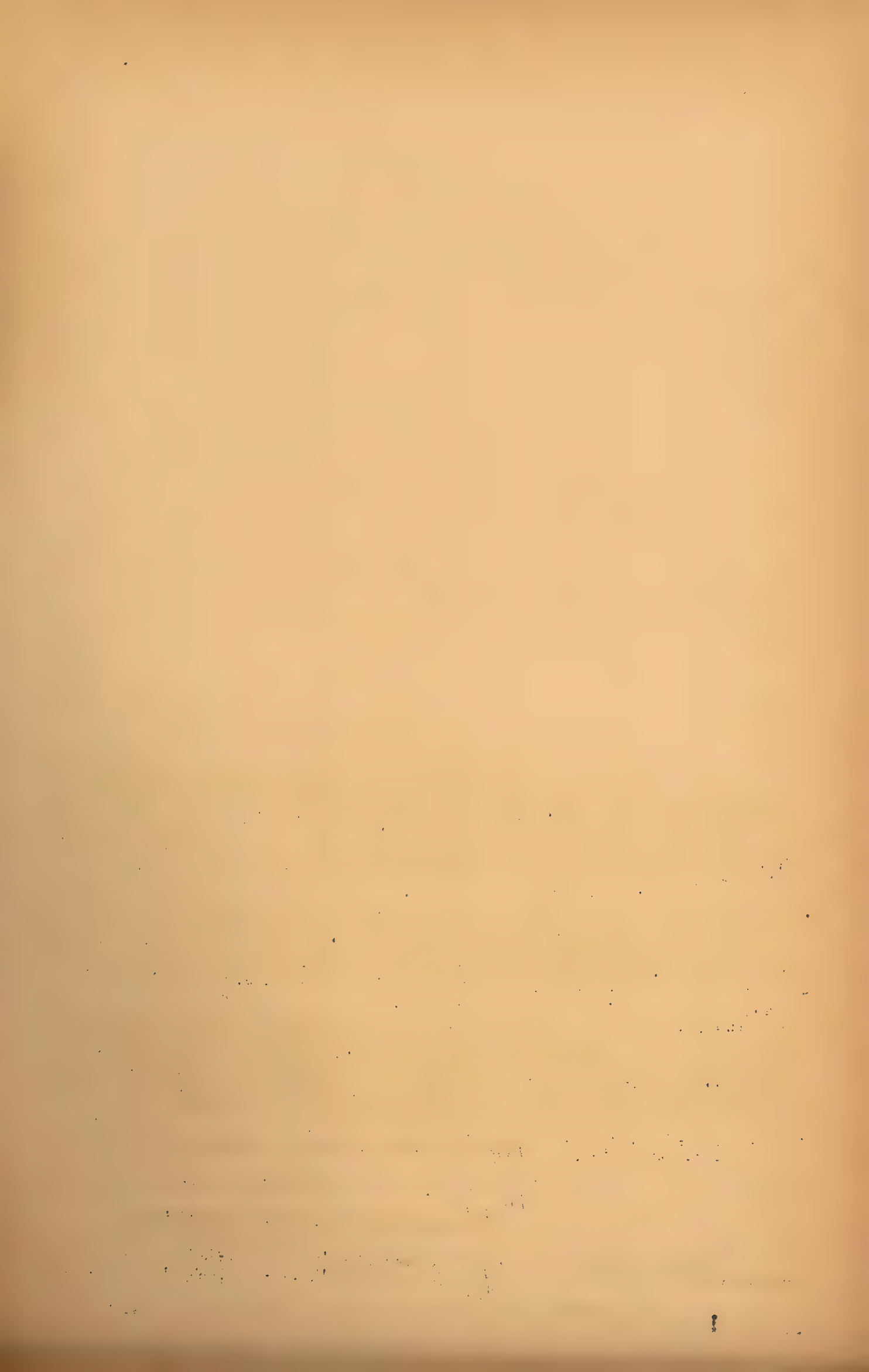
To: Chief, Health Department

Concerning Establishment of Nursing Section (Division)

With the enactment of the Public Health Nurse, Midwife, Nurse Law on July 1948; to strengthen the enforcement and management of the Nursing Administration, the Nursing Section was established in the Ministry and we have been recommending to each prefecture to establish a Nursing Section or Division. Up to present many of the prefectures have already established their section or division and they are carrying out a active operation.

However, in several prefectures a division is not established yet and consequently the guidance of Nursing Service is not well planned. We realize that there are various difficult points, but since the time draws near to the enforcement of the law we would like to ask your special consideration in establishing a nursing division at this time.

As for the duties of the Section (Division), we have notified you on Kan No. 152 of April 11, and we hope that it will be used as reference. The members of the Section (Division) are to be composed by the Chief of Section (Division), and Public Health Nurse, Midwife, Clinical Nurse and Clerk and we feel that a minimum of 5 persons is necessary, however, we hope that this will be adequately enforced according to the actual situation of each prefecture.



Prefectural Public Assistance Report - March, 1950

Prefecture	Persons		Relief Expenses	
	Institutional	Non-institutional	In Kind	Cash
Hokkaido	14,602	57,256	512,743	52,588,574
Aomori	1,858	24,767	100,096	16,378,959
Iwate	1,294	33,987	-	19,736,283
Miyagi	2,171	43,743	58,383	22,203,345
Akita	639	40,297	-	31,606,980
Yamagata	1,380	28,917	1,371,731	16,302,237
Fukushima	1,454	56,851	1,071,309	34,451,575
Ibaraki	1,361	37,200	203,186	21,101,400
Tochigi	1,376	26,881	-	16,823,942
Gumma	2,602	35,625	-	24,170,100
Saitama	1,765	42,302	44,660	25,052,557
Chiba	2,014	32,143	-	12,585,377
Tokyo	18,460	125,237	2,247,018	116,719,339
Kanagawa	5,735	48,574	341,113	42,141,497
Niigata	4,604	59,029	82,110	36,454,438
Toyama	1,727	26,633	153,080	21,840,169
Ishikawa	1,716	22,241	42,266	13,680,373
Fukui	742	16,873	428,750	10,227,075
Yamanashi	889	20,841	-	11,596,305
Nagano	4,362	46,774	275,014	34,365,068
Gifu	1,354	31,196	511,256	18,220,131
Shizuoka	2,733	47,229	3,513,403	37,138,204
Aichi	8,246	61,146	-	47,226,340
Mie	1,644	37,531	84,800	24,659,808
Shiga	399	25,152	412,930	13,271,822
Kyoto	4,452	44,935	8,252,486	47,270,077
Osaka	9,899	50,034	-	30,857,790
Hyogo	4,928	68,814	-	55,885,314
Nara	766	18,827	-	12,152,832
Wakayama	2,402	25,883	-	13,944,483
Tottori	1,056	17,277	48,870	10,971,763
Shimane	828	23,096	5,178	17,687,595
Okayama	3,728	46,913	533,279	32,870,361
Hiroshima	2,794	41,440	192,823	25,814,723
Yamaguchi	3,294	32,598	210	33,271,346
Tokushima	676	27,235	-	14,785,477
Kagawa	1,770	22,505	340,895	10,675,547
Ehime	1,029	34,567	280,746	21,070,906
Kochi	505	25,848	127,659	15,655,366
Fukuoka	1,774	21,824	162,776	16,351,868
Saga	1,684	17,371	10,739	11,035,379
Nagasaki	1,390	30,882	185,359	19,870,310
Kumamoto	1,925	35,830	681,668	21,913,644
Oita	2,379	24,859	-	13,542,564
Miyazaki	1,466	25,987	99,198	12,875,390
Kagoshima	1,193	43,646	36,853	18,074,987
Total	135,065	1,708,796	22,412,587	1,177,310,620

Incl: 5

The Regulations for the Social Insurance Referee,
the Social Insurance Appeals Committee
and the
National Health Insurance Appeals Committees

(Cabinet Order 274 of 1948 as amended by
Cabinet Orders 334 of 1949 and 153 of 1950)

The Cabinet hereby establishes this Cabinet Order on the basis of the provisions of the Law for the Establishment of the Social Insurance Council, the Social Insurance Medical Council, the Social Insurance Referee and the Social Insurance Appeals Committee (Law No. 47 of 1950) and in accordance with the provisions of Article 83-(9), paragraph 2, and Article 86-(2) of the Health Insurance Law (Law No. 70 of 1922); Article 52-(11), paragraph 2, and Article 53-(2) of the National Health Insurance Law (Law No. 60 of 1938); Article 65-(11), paragraph 2, and Article 67-(2) of the Seamen's Insurance Law (Law No. 73 of 1939); and Article 65-(10), paragraph 2, and Article 66-(2) of the Welfare Pension Insurance Law (Law No. 60 of 1941).

Article 1. The function of the Social Insurance Referees (hereinafter referred to as "the Referee"), the Social Insurance Appeals Committee and the National Health Insurance Appeals Committees (hereinafter collectively referred to as "the Appeals Committee") shall be regulated by this Cabinet Order.

Article 2. In a written appeal concerning insurance benefits, the applicant shall set forth the following items, annex documentary evidence, if any, and sign and seal the appeal:

1. Name, address and account mark and number (or consultation-permit number or seamen's certificate number) of the insured person.
2. Name, address, date of birth and relationship of the claimant to the insured person, if other than the insured person.
3. Name and address of the authority which made the determination. (If the appeal is from a decision of a Referee, the name of such Referee, in addition.)
4. Date on which the applicant received the notification of the original determination on insurance benefits. (If the appeal is from a decision of a Referee, the date on which the applicant received the notification of such decision.)
5. Reason for the appeal and its basis.
6. Date of the appeal.
7. Name and address of the applicant. (If the applicant is a juridical person, the name and title of the official filing the appeal, in addition.)

In a written appeal concerning the amount of contribution or other assessments or actions pertaining thereto (hereinafter referred to as "assessments"), the applicant shall set forth the following items, annex documentary evidence, if any, and sign and seal the appeal:

1. Name and address of the person assessed.
2. Name and address of the authority which made the determination concerning assessments.
3. Date on which the applicant received the notification of the determination concerning assessments.
4. Reason for the appeal and its basis.
5. Date of the appeal.
6. Name and address of the applicant. (If the applicant is a juridical person, the name and title of the official filing the appeal, in addition.)

If a written appeal as prescribed in the preceding two paragraphs is made by a representative of the applicant, he shall sign and seal the appeal and attach a letter stating his authority.

Article 3. If the appeal is made verbally, the applicant shall state, in an appeal concerning insurance benefits, the matters prescribed in each item of Article 2, paragraph 1, and, in an appeal concerning assessments, the matters prescribed in each item of paragraph 2 of the same article as the above and present documentary evidence, if any.

The Referee, the Appeals Committee, or the secretaries of the prefectural social insurance office or other qualified authority receiving a verbal appeal shall reduce to writing the statement prescribed in the preceding paragraph, sign and seal it, and have the applicant sign and seal it after reading it to him.

If a representative appeals verbally, he shall present a letter stating his authority and shall sign and seal the statement.

Article 4. If a request for a hearing has no basis for appeal or is made through an illegal procedure and, in the opinion of the Referee or Appeals Committee, as appropriate, such deficiency cannot be remedied by resubmittal of the request; such Referee (or Appeals Committee) shall dismiss the request and state in writing the reason for the dismissal.

If, in the opinion of the Referee (or Appeals Committee), the deficiency may be remedied through resubmittal, such Referee (or Appeals Committee) shall inform the applicant of the deficiency and advise him that he may resubmit the request within a specified period of time, after which time the Referee (or Appeals Committee) shall dismiss the appeal in accordance with the preceding paragraph if the deficiency has not been remedied.

An appeal shall not be dismissed merely because of minor errors in form.

Article 5. The Referee or the National Health Insurance Appeals Committee, as appropriate, shall make copies of the applications, send one copy to the authority which made the determination on insurance benefits and, when applicable, one copy to such claimant or insured person's employer who has a direct interest but is neither applicant nor defendant.

The Social Insurance Appeals Committee shall make copies of the application and send one copy to the Referee making such decision, one copy to the defendant in the appeal, and when applicable, one copy to such claimant or insured person's employer who has a direct interest but is neither applicant nor defendant.

The Appeals Committee, upon accepting an appeal concerning assessments, shall make a copy of the application and send it to the authority who made the determination concerning assessments.

A notice as to the time and place of the hearing shall accompany all copies of the applications prescribed in this Article.

Article 6. The written decision in an appeal concerning insurance benefits shall contain the following items:

1. Name and address of the applicant. (If the applicant is a juridical person, the name and title of the official filing the appeal, in addition).
2. Name, address and account mark and number (or consultation-permit number or seamen's certificate number) of the insured person.
3. Name, address and relationship of the claimant to the insured person, if other than the insured person.
4. If the appeal was made by a representative of the applicant, his name and address.

5. Name and address of the authority which made the determination. (If the appeal is from a decision of a Referee, the name of such Referee, in addition).

6. Text of the decision.

7. Basis of the decision.

8. Date of the decision.

The written decision in an appeal concerning assessments shall contain the following items:

1. Name and address of the applicant. (If the applicant is a juridical person, the name and title of the official filing the appeal, in addition).

2. If the appeal was made by a representative of the applicant, his name and address.

3. Name and address of the authority which made the determination concerning assessments.

4. Text of the decision.

5. Basis of the decision.

6. Date of the decision.

The Referee or the chairman of the Appeals Committee, as appropriate, shall sign and seal the written decision.

Article 7. The Referee and the National Health Insurance Appeals Committee, in rendering a decision concerning insurance benefits, shall make two sealed copies and additional certified copies of the written decision, sending the sealed copies to the applicant and defendant and, when applicable, a certified copy to such claimant or insured person's employer who has a direct interest but is neither applicant nor defendant.

The Social Insurance Appeals Committee, in rendering a decision concerning insurance benefits, shall make two sealed copies and additional certified copies of the written decision, sending the sealed copies to the applicant and defendant and certified copies to the Referee who made the decision on the first hearing and, when applicable, to such claimant or insured person's employer who has a direct interest but is neither applicant nor defendant.

The Appeals Committee, in rendering a decision concerning assessments, shall make sealed copies of the written decision and send them to the applicant and defendant.

The Referee or the chairman of the Appeals Committee, as appropriate, shall sign and seal the copies to be sent to the applicant and defendant.

If the copy cannot be delivered to any person described above, the Referee or the Appeals Committee, as appropriate, shall post such copy on the notice board of the authority which made the determination on the benefits or the determination concerning assessments.

When seven days have elapsed after posting the decision on the notice board in accordance with the preceding paragraph, such posting shall be regarded as delivery to the applicant.

Article 8. The claimant may request the Referee or the Appeals Committee, as appropriate, to provide a certified copy of the decision.

Article 9. An application for mediation by the National Health Insurance Appeals Committee shall be in writing and shall contain the following items:

1. Name and address of the applicant. (If the applicant is a juridical person, the name and title of the official filing the appeal, in addition.)
2. Name and address of the opponent concerned.
3. Substance of the dispute.
4. Summary of the process of the dispute.
5. The date of the application for mediation.

If an application for mediation, as prescribed in the preceding paragraph, is made by a representative of the applicant, he shall sign and seal the application and attach a letter stating his authority.

Article 10. The publication of the full account of the mediation, as prescribed in Article 52-(15) of the National Health Insurance Law, shall be made by posting report of such account, containing the following items on the notice board of the authority concerned:

1. Names and addresses of the parties concerned in the mediation.
2. Date of the application for mediation.
3. Substance of the dispute.
4. Summary of the process of mediation.
5. Date of the completion of the mediation.

Article 11. The travelling expenses, daily allowance and hotel charges, prescribed in Article 83-(9), paragraph 2, of the Health Insurance Law, Article 52-(11), paragraph 2, of the National Health Insurance Law, Article 65-(11), paragraph 2, of the Seamen's Insurance Law and Article 65-(10), paragraph 2, of the Welfare Pension Insurance Law, shall be the amount shown in the separate table.

As to the payment of the travelling expenses, daily allowance and hotel charges other than those prescribed in the preceding paragraph, the Law concerning Travel Expenses for National Public Service Personnel and Others shall be applicable with the necessary modifications.

Article 12. The name of a National Health Insurance Appeals Committee shall include the name of the appropriate prefecture.

Article 13. Clerical matters shall be performed for the National Health Insurance Appeals Committee by the Welfare Bureau of To or the Welfare Department of the Do, Fu or prefecture in which the National Health Insurance Appeals Committee is established.

Supplementary Provision
(Cabinet Order No. 274 of August 1948)

This Cabinet Order, with respect to the National Health Insurance Appeals Committees shall be put into force on the day of promulgation and be applied as of July 1, 1948 and, with respect to the Referee provided in Article 80, paragraph 1, of the Health Insurance Law and the Health Insurance Appeals Committee, the Referee provided in Article 62, paragraph 1, of the Welfare Pension Insurance Law and the Welfare Pension Insurance Appeals Committee, shall be put into force on the day of promulgation and be applied as of August 1, 1948 and, with respect to the Referee provided in Article 63, paragraph 1, of the Seamen's Insurance Law and the Seamen's Insurance Appeals Committee, shall be put into force from September 1, 1948.

The Enforcement Regulations for the Insurance Referees Appeals Committee of Social Insurance, Appeals Committee of Seamen's Insurance and Local Appeals Committee of Social Insurance (Cabinet Order No. 240 of 1947, hereinafter referred to as the "Old Cabinet Order") are hereby abrogated.

The provisions of this Cabinet order shall be applicable to appeals proceedings which are begun before this Cabinet Order is applied (or, with respect to Seamen's Insurance, before this Cabinet Order is put into force). However, the provisions of this Cabinet Order shall not invalidate any action taken in the case of an appeal prior to the effective date of this Cabinet Order and which conformed to the provisions of the Old Cabinet Order.

At the time of application (or, with respect to Seamen's Insurance, the time of enforcement) of this Cabinet Order, the persons who are serving as secretaries or clerks of the Appeals Committee of Social Insurance, Appeals Committee of Seamen's Insurance and Local Appeals Committee of Social Insurance at present shall automatically occupy the corresponding positions based on this Cabinet Order.

Supplementary Provision
(Cabinet Order No. 334 of September 1949)

This Cabinet Order shall come into force as from the day of promulgation.

Separate Table

Travel expenses		Allowance per day	Lodging charge (per night's lodging)	
Railway fares and passage	Carriage (per km)		"A" district	"B" district
2nd class	¥3.00	¥ 160.00	¥800.00	¥ 640.00
Remarks: (1) "A" district:			Kyoto City, Osaka City, Nagoya City, Kobe City, Yokohama City and the wards of Tokyo-tc.	
(2) "B" district:			The other districts.	

JAPANESE HOSPITAL REPORT: APRIL, 1950

Number of Hospitals: The number of hospitals operating in Japan increased slightly from a average of 3,197 in March to 3,213 in April. The current number is 10 percent higher than the April average last year (2,934). The average number of tuberculosis sanatoria rose from 300 last month to 303 currently. In April 1949 there were 294. There were 129 mental hospitals operating in April compared with 127 in March and 122 in April of last year. The number of leprosaria (13) remained the same for all these periods. The current number of other hospitals (2,768) was only slightly higher than the average for last month (2,757) but 10 percent higher than the number (2,505) for the corresponding month last year.

Bed Capacity: For the current month the average bed capacity of all hospitals was 258,618, a slight increase over the March average (257,411) and 5 percent above the figure (246,724) for April of last year. The bed capacity of sanatoria rose 2 percent from a daily average of 58,433 last month to 59,501 in the current month. This was an increase of 11 percent over the daily average (53,586) recorded in the corresponding month last year. The total number of beds available for tuberculosis patients, including those in general hospitals (89,341), was 2 percent larger than the March daily average (87,655) and 20 percent above that (74,622) for April of last year. The average bed capacity of mental hospitals rose 2 percent over last month, from 16,336 to 16,698, and 10 percent over the corresponding month of 1949 (15,210). The total number of beds available for mental patients, including those in general hospitals also increased 2 percent over last month (from 18,235 to 18,578) and 11 percent over April 1949 (16,726). The bed capacity of leprosaria in April (8,886) was the same as in March, and was 3 percent below the total (9,138) for April of last year. In other hospitals, the bed capacity was slightly lower in April (173,533) than in March (173,756) but the current figure was 3 percent above that (168,790) for April 1949. Of the total beds available currently in general and other hospitals, 17 percent (29,840) were for tuberculosis patients, the same proportion as last month, compared with 12 percent in April of last year. As in past months, 1 percent (1,880) of these beds were reserved for mental patients.

In-Patient Load: The average daily in-patient load for all hospitals this month (185,348) increased 3 percent over last month (180,228) and 24 percent over the average (148,882) for April 1949. The number of in-patients in tuberculosis sanatoria rose 2 percent from 51,220 to 52,050 and nearly a third over the corresponding figure (39,870) last year. The total number of tuberculosis in-patients, including those in general hospitals, was 80,849, an increase of 3 percent over last month's average (78,704), and 35 percent higher than in April last year (60,036). The number of in-patients in mental hospitals in the current month (14,637) was 5 percent higher than last month (13,969) and 22 percent greater than in the corresponding month last year (11,981). The total number of mental in-patients, including those in general hospitals, rose 5 percent from 15,573 to 16,402 and was currently 23 percent higher than in the same month last year (13,303). There was daily average of 8,589 patients in leprosaria this month, one percent more than last month (8,496) and 7 percent more than in April 1949 (8,062). The in-patient load in general and other hospitals increased 3 percent from a daily average of 106,543 last month to 110,072 this month and is nearly one-fourth above the average (88,969) for April 1949.

Out-Patient Load: For all hospitals the daily out-patient load this month (311,402) was slightly higher than in the previous month (310,327) and the corresponding month of last year (308,752). Out-patients for tuberculosis sanatoria increased by 22 percent, compared with last month, from 4,342 to 5,292, and by 24 percent compared with April of last year (4,252). The out-patient load for mental hospitals this month (496) was 11 percent above that of last month (446) but was 2 percent below the April average (508) last year. For leprosaria in April there were 20 out-patients compared with 22 last month and 20 in the corresponding period last year. The number of out-patients in general and other hospitals (305,594) was approximately the same as last month (305,517) and April last year (303,972).

Bed Occupancy: The daily bed-occupancy ratio in total hospitals rose from 70.0 to 71.7 and was currently 19 percent higher than the ratio for April of last

year (60.3). About two-thirds (30) of the prefectures reported ratios within plus or minus ten percent of the national average. In 12 prefectures the ratio was more than ten percent below, including Nagasaki where the ratio (52.6) was 27 percent below. Four prefecture, Shimane (83.5), Kagoshima (83.5), Tokyo-to (83.1) and Gumma (82.9), had ratios more than ten percent above.

The current bed-occupancy ratio (87.5) for tuberculosis sanatoria was about the same as last month (87.7) but 18 percent greater than in April 1949 (74.4). The percent of all tuberculosis beds occupied, including both those in sanatoria and general hospitals, rose slightly from 89.8 to 90.5, and was 12 percent greater than the ratio (80.5) for April last year. For tuberculosis sanatoria, more than half (25) of the prefectural bed-occupancy ratios were within ten percent of the national figure, 12 were higher and 9 lower. Wakayama and Tokyo-to had ratios (107.7 and 105.6 respectively) more than 20 percent above the all Japan average. At the other extreme, Nagasaki Prefecture had a ratio (57.8) more than 30 percent below.

For mental hospitals, the percent of beds occupied in April (87.7) was 3 percent higher than last month (85.5) and 11 percent greater than in the corresponding month last year (76.8). The percent of all beds occupied by mental patients, including those in general hospitals, was 88.3, three percent over last month (85.4) and 11 percent over April of last year (79.5). Prefectural bed occupancy ratios for mental hospitals ranged from a low of 38.3 in Nagasaki to 200.0 in Iwate. Only 9 prefectures had ratios within 10 percent plus or minus of the national average; 22 were higher and 13 lower. The remaining two prefectures have no mental hospitals. The ratio in Iwate (200.0) was well over twice the national average and that in Yamanashi (150.0) over 70 percent above, while ratios in Nagasaki (38.3) and Mie (39.9) were more than 50 percent below.

For leprossira the occupancy ratio rose slightly from 95.6 to 96.7, and was 10 percent higher than April of last year (88.2). For the 10 prefecture having leprossaria, ratios ranged from 64.6 in Yamanashi to 104.0 in Kagoshima.

The current occupancy ratio in other hospitals (63.4) was 3 percent higher than last month (61.3) and 20 percent higher than April of last year (52.7). Over half (24) of the prefectures had ratio within a range of 10 percent plus or minus the national average, 15 were lower and 7 higher. The ratio in Saitama (40.5) was more than a third below while ratios in Fukushima, Shimane and Hokkaido, (77.4, 77.2 and 76.8 respectively) were more than 20 percent above.

JAPANESE HOSPITAL STRENGTH REPORT FOR APRIL 1950

1/

TOTAL HOSPITALS

Area	2/ Number of Hospitals	2/ Bed Capacity	3/ Total Patients	4/ In-Patients	5/Out-Patient treatment visits
All Japan	3213	258618	496750	185348	311402
Hokkaido	234	15841	41322	12224	29098
Aomori	36	3723	6322	2891	3431
Iwate	55	4056	9258	3184	6074
Miyagi	72	6726	11523	5243	6280
Akita	43	3114	6718	2284	4434
Yamagata	29	3012	5491	2111	3380
Fukushima	55	3872	8217	2997	5220
Ibaraki	70	4612	6786	2942	3844
Tochigi	44	3141	6521	2121	4400
Gumma	42	3773	5722	3129	2593
Saitama	107	4587	7899	2670	5229
Chiba	87	7717	9928	5864	4064
Tokyo	270	29645	58225	24633	33592
Kanagawa	119	11489	20573	8186	12387
Niigata	75	5890	12461	4455	8006
Toyama	44	3272	6525	2198	4327
Ishikawa	64	4246	7793	2969	4824
Fukui	26	1848	3605	1309	2296
Yamanashi	25	1268	2050	743	1307
Nagano	72	5209	7791	3313	4478
Gifu	54	3162	6448	2283	4165
Shizuoka	65	6512	10197	4343	5854
Aichi	144	10413	19972	6536	13436
Mie	65	4746	7550	2758	4792
Shiga	28	1714	3409	1336	2073
Kyoto	83	8836	13502	5521	7981
Osaka	155	17666	30037	11469	18568
Hyogo	130	9330	19985	6688	13297
Nara	19	1108	2172	678	1494
Wakayama	27	1654	3427	1016	2411
Tottori	18	1681	2691	1202	1489
Shimane	21	1785	3431	1490	1941
Okayama	64	6418	9345	4999	4346
Hiroshima	89	6535	11884	4029	7855
Yamaguchi	76	5074	9892	3322	6570
Tokushima	27	2054	2909	1450	1459
Kagawa	37	2848	4260	1888	2372
Ehime	44	3090	6639	1934	4705
Kochi	39	1872	3476	1283	2193
Fukuoka	139	12716	41807	10013	31794
Saga	56	3249	6401	2326	4075
Bagaseki	66	4656	10345	2449	7896
Kumamoto	71	5440	9674	4018	5656
Oita	35	2914	3739	2089	1650
Miyazaki	38	1874	3442	1228	2214
Kagoshima	54	4230	5386	3534	1852

1/ All hospitals of 20 beds or more, including mental hospitals, leprosaria and sanatoria.

2/ Average of count made on the first and last day of each month.

3/ Sum of average number of in-patients and out-patient treatment visits.

4/ Average of daily count.

5/ Average of daily number of treatment visits to the hospital, including treatment visits to homes by hospital physicians.

Source: Ministry of Welfare.

JAPANESE HOSPITAL STRENGTH REPORT FOR APRIL 1950

1/

TUBERCULOSIS SANATORIA

Area	2/ Number of Hospitals	2/ Bed Capacity	3/ Total Patients	4/ In-Patients	5/ Out-Patient treatment visits
All Japan	303	59501	57342	52050	5292
Hokkaido	15	2886	2338	2193	145
Aomori	3	730	697	655	42
Iwate	3	610	655	622	33
Miyagi	4	1350	1505	1228	277
Akita	4	703	678	598	80
Yamagata	3	328	325	294	31
Fukushima	3	880	734	652	82
Ibaraki	8	1776	1401	1354	47
Tochigi	4	825	807	755	52
Gumma	7	586	706	603	103
Saitama	5	1172	1248	1026	222
Chiba	14	3195	3087	2893	194
Tokyo	31	6274	7029	6625	404
Kanagawa	14	3257	2771	2584	187
Niigata	10	1478	1458	1393	65
Toyama	2	1070	838	803	35
Ishikawa	6	918	818	777	41
Fukui	2	640	564	530	34
Yamanashi	1	140	142	140	2
Nagano	8	1666	1553	1463	90
Gifu	6	948	916	862	54
Shizuoka	4	1107	998	953	45
Aichi	11	2944	2353	2087	266
Mie	4	841	861	812	49
Shiga	5	449	465	455	10
Kyoto	6	1714	1472	1361	111
Osaka	12	4012	3157	2950	207
Hyogo	21	2490	2588	2132	456
Nara	2	180	164	156	8
Wakayama	2	142	158	153	5
Tottori	1	64	47	46	1
Shimane	1	490	494	476	18
Okayama	4	980	887	864	23
Hiroshima	9	1978	1657	1525	132
Yamaguchi	7	1134	1148	911	237
Tokushima	2	780	825	782	43
Kagawa	2	201	182	176	6
Ehime	3	856	1681	830	851
Kochi	2	208	191	177	14
Fukuoka	24	2980	3035	2822	213
Saga	3	784	778	724	54
Nagasaki	5	308	253	178	75
Kumamoto	4	1199	1217	1148	69
Oita	6	594	631	605	26
Miyazaki	1	62	63	59	4
Kagoshima	9	1572	1767	1618	149

1/ Tuberculosis is sanatoria of 20 beds or more.

2/ Average of count made on the first and last day of each month.

3/ Sum of average number of in-patients and out-patient treatment visits.

4/ Average of daily count.

5/ Average of daily number of treatment visits to the hospital, including treatment visits to homes by hospital physicians.

Source: Ministry of Welfare.

JAPANESE HOSPITAL STRENGTH REPORT FOR APRIL 1950

1/

MENTAL HOSPITALS

Area	2/ Number of Hospitals	2/ Bed Capacity	3/ Total Patients	4/ In-Patients	5/ Out-Patient treatment visits
All Japan	129	16698	15133	14637	496
Hokkaido	6	510	501	473	28
Aomori	1	86	40	40	-
Iwate	1	60	120	120	-
Miyagi	2	236	234	234	0
Akita	1	121	131	125	6
Yamagata	1	125	126	121	5
Fukushima	2	133	137	133	4
Ibaraki	2	112	109	109	0
Tochigi	4	271	236	207	29
Gumma	1	300	389	375	14
Saitama	4	439	451	440	11
Chiba	4	590	448	419	29
Tokyo	12	3375	3414	3344	70
Kanagawa	6	824	684	672	12
Niigata	1	190	222	209	13
Toyama	2	135	170	160	10
Ishikawa	4	292	277	255	22
Fukui	1	105	147	122	25
Yamanashi	1	52	82	78	4
Nagano	2	230	194	193	1
Gifu	1	275	243	240	3
Shizuoka	3	342	322	302	20
Aichi	7	703	501	489	12
Mie	2	343	142	137	5
Shiga	1	167	152	152	0
Kyoto	5	539	389	378	11
Osaka	6	1766	1476	1452	24
Hyogo	6	1161	838	827	11
Nara	2	187	146	140	6
Wakayama	-	-	-	-	-
Tottori	1	75	89	82	7
Shimane	1	38	45	44	1
Okayama	1	196	238	238	-
Hiroshima	6	339	361	351	10
Yamaguchi	2	108	128	117	11
Tokushima	1	154	195	177	18
Kagawa	1	90	59	57	2
Ehime	1	180	185	180	5
Kochi	2	174	163	153	10
Fukuoka	6	607	449	430	19
Saga	3	368	402	383	19
Nagasaki	3	120	47	46	1
Kumamoto	2	162	158	158	-
Oita	3	126	85	73	12
Miyazaki	-	-	-	-	-
Kagoshima	5	292	208	202	6

1/ Mental hospitals of 20 beds or more.

2/ Average of count made on the first and last-day of each month.

3/ Sum of average number of in-patients and out-patient treatment visits.

4/ Average of daily count.

5/ Average of daily number of treatment visits to the hospital, including treatment visits to homes by hospital physicians.

Source: Ministry of Welfare.

JAPANESE HOSPITAL STRENGTH REPORT FOR APRIL 1950

1/
LEPROSARIA

Area	<u>2/</u> Number of Hospitals	<u>2/</u> Bed Capacity	<u>3/</u> Total Patient	<u>4/</u> In-Patients	<u>5/</u> Out-Patient treatment visits
All Japan	13	8886	8609	8589	20
Hokkaido	-	-	-	-	-
Aomori	1	600	619	619	-
Iwate	-	-	-	-	-
Miyagi	1	550	506	506	-
Akita	-	-	-	-	-
Yamagata	-	-	-	-	-
Fukushima	-	-	-	-	-
Ibaraki	-	-	-	-	-
Tochigi	-	-	-	-	-
Gumma	1	1050	1018	1018	-
Saitama	-	-	-	-	-
Chiba	-	-	-	-	-
Tokyo	1	1200	1132	1132	-
Kanagawa	-	-	-	-	-
Niigata	-	-	-	-	-
Toyama	-	-	-	-	-
Ishikawa	-	-	-	-	-
Fukui	-	-	-	-	-
Yamanashi	1	65	42	42	-
Nagano	-	-	-	-	-
Gifu	-	-	-	-	-
Shizuoka	2	305	296	279	17
Aichi	-	-	-	-	-
Mie	-	-	-	-	-
Shiga	-	-	-	-	-
Kyoto	-	-	-	-	-
Osaka	-	-	-	-	-
Hyogo	-	-	-	-	-
Nara	-	-	-	-	-
Wakayama	-	-	-	-	-
Tottori	-	-	-	-	-
Shimane	-	-	-	-	-
Okayama	2	2350	2268	2268	-
Hiroshima	-	-	-	-	-
Yamaguchi	-	-	-	-	-
Tokushima	-	-	-	-	-
Kagawa	1	646	651	648	3
Ehime	-	-	-	-	-
Kochi	-	-	-	-	-
Fukuoka	-	-	-	-	-
Saga	-	-	-	-	-
Nagasaki	-	-	-	-	-
Kumamoto	2	1220	1141	1141	-
Oita	-	-	-	-	-
Miyazaki	-	-	-	-	-
Kagoshima	1	900	936	936	-

1/ Leprosaria of 20 beds or more.2/ Average of count made on the first and last day of each month.3/ Sum of average number of in-patients and out-patient treatment visits.4/ Average of daily count.5/ Average of daily number of treatment visits to the hospital, including treatment visits to homes by hospital physicians.

Source: Ministry of Welfare.

1/
OTHER HOSPITALS

Area	2/ Number of Hospitals	2/ Bed Capacity	3/ Total Patients	4/ In-Patients	5/ Out-Patient treatment visits
All Japan	2768	173533	415666	110072	305594
Hokkaido	213	12446	38483	9558	28925
Aomori	31	2307	4966	1576	3390
Iwate	51	3386	8482	2441	6041
Miyagi	65	4590	9277	3274	6003
Akita	38	2290	5908	1561	4347
Yamagata	25	2559	5040	1696	3344
Fukushima	49	2858	7347	2213	5134
Ibaraki	61	2724	5275	1479	3796
Tochigi	36	2045	5479	1159	4320
Gumma	33	1837	3610	1134	2476
Saitama	97	2976	6200	1204	4996
Chiba	69	3933	6391	2551	3840
Tokyo	227	18796	46651	13532	33119
Kanagawa	99	7408	17117	4929	12118
Niigata	64	4222	10780	2853	7972
Toyama	40	2067	5516	1234	4282
Ishikawa	55	3036	6698	1937	4761
Fukui	23	1103	2895	657	2238
Yamanashi	21	1012	1784	483	1301
Nagano	62	3313	6044	1657	4387
Gifu	47	1938	5287	1180	4107
Shizuoka	56	4758	8581	2809	5772
Aichi	126	6767	17118	3961	13157
Mie	59	3562	6547	1809	4738
Shiga	22	1098	2791	729	2062
Kyoto	72	6583	11642	3783	7859
Osaka	136	11888	25404	7068	18336
Hyogo	103	5678	16560	3730	12830
Nara	15	741	1863	382	1481
Wakayama	25	1512	3269	863	2406
Tottori	16	1542	2556	1074	1482
Shimane	19	1257	2892	970	1922
Okayama	58	2892	5953	1630	4323
Hiroshima	74	4218	9867	2153	7714
Yamaguchi	67	3832	8616	2294	6322
Tokushima	24	1120	1888	490	1398
Kagawa	33	1911	3368	1007	2361
Ehime	40	2053	4773	924	3849
K chi	35	1490	3122	953	2169
Fukuoka	108	9128	38323	6761	31562
Saga	50	2098	5221	1219	4002
Nagasaki	59	4228	10045	2225	7820
Kumamoto	63	2860	7158	1571	5587
Oita	26	2193	3023	1411	1612
Miyazaki	37	1812	3379	1169	2210
Kagoshima	39	1466	2477	779	1698

1/ Hospitals of 20 beds or more, excluding mental hospitals, leprosaria and sanatoria.

2/ Average of count made on the first and last day of each month.

3/ Sum of average number of in-patients and out-patient treatment visits.

4/ Average of daily count.

5/ Average of daily number of treatment visits to the hospital, including treatment visits to homes by hospital physicians.

Source: Ministry of Welfare.

DIGEST OF MONTHLY REPORT OF COMMUNICABLE DISEASES IN JAPAN
FOR THE FIVE WEEK PERIOD ENDED 29 APRIL 1950

During the five weeks ended 29 April 1950 the twelve¹/_{acute} communicable diseases included in this digest for which reports on deaths as well as cases are available accounted for 3,185 cases and 317 deaths. The number of cases was 33 percent above the March total (2,395) and the number of deaths was also higher than in March (295)²/_. The 19 additional diseases included herein (not including the four venereal diseases) accounted for 102,209 cases, or about 25 percent more than last month's total (82,097). Rates for four diseases (dysentery, scarlet fever, whooping cough and tuberculosis) were higher this month than in either last month or April 1949, while rates for diphtheria, paratyphoid fever, and malaria were lower currently than in either of the other two periods. No cases of Japanese "B" encephalitis, cholera, plague, yellow fever, or glanders were reported during any of the three periods. No cases of anthrax, dengue fever, or tsutsugamushi disease have been reported so far this year, while in April 1949 there were 2 cases of anthrax and 1 of dengue fever. Data for 1949 are not available for tsutsugamushi disease, nor for schistosomiasis or filariasis. Current rates for the remaining 14 diseases fell between rates reported for last month and April 1949.

The diphtheria case rate this month (15.7) was 13 percent below the March rate (18.1), while the death rate decreased from 2.2 to 1.4. The current rate was the lowest³/_{recorded} for April since monthly rates first became available in 1900. It was 22 percent below the rate for April of last year (20.2) and 31 percent below that for the same month of 1948 (22.8). About three-fourths (34) of the prefectures reported decreases from last month and the remaining 12 increases. Approximately two-thirds (67) of the prefectures reported rates within plus or minus 50 percent of the national average, 8 were lower, and 7 were higher. The highest rate (49.1) was reported by Miyazaki Prefecture, about three times the national average, while the rate in Fukuoka Prefecture (32.8) was slightly over twice and in Akita exactly twice as high. The lowest rate (2.2) was reported by Kagawa and was less than one-sixth the national average, while rates in Gumma and Chiba (4.5 and 4.8 respectively) were approximately 30 percent of the national.

Of the 828 cases of dysentery this month, 96 percent (794) were designated as bacillary and the remainder as amebic. Of the 130 deaths all but one were attributed to bacillary dysentery. The current case rate for all dysentery (10.7) was 65 percent higher than the March rate (6.5), and the death rate (0.7) was also higher than in March (0.5). The current case rate was the highest April rate since 1944. It was more than double the rates for April 1949 and 1948 (4.0 and 4.7 respectively). Rates increased over last month in 27 prefectures and decreased in 17. Of the remaining two, Nara Prefecture has reported no cases thus far this year and Aomori none for two and a half months. The most outstanding change was the increase in Niigata Prefecture from 22.8 to 106.2. The current rate was nearly ten times the national average. The next highest rates were about twice the national and were reported by Gumma, Saitama, and Tokyo-to (24.4, 24.3, and 22.0 respectively). At the other extreme, in addition to Nara and Aomori, no cases were reported in Nagasaki Prefecture during April.

The current typhoid fever case rate (4.0) was about a fifth higher than in April (3.3), while the death rate increased from 0.5 to 0.6. The current case rate was the lowest³/_{ever} recorded for April. It was 5 percent below the April rate for last year (4.2) and over 40 percent below the rate (6.9) for the same month of 1948. Rates increased over last month in 27 prefectures and decreased in 17, while neither of the two remaining prefectures (Yamanashi and Kagoshima) has reported any cases thus far this year. Outstanding increases and the highest current rates (12.0 and 10.2 respectively) were reported by Nara and Aomori Prefectures, the current rates being three and two and a half times the national average. At the other extreme, 5 prefectures including Yamanashi and Kagoshima reported no cases.

The case rate for paratyphoid fever (0.9) was slightly lower in April than in March (1.0), although the death rate increased slightly, from less than 0.1 to 0.1. The case rate was the lowest³/_{ever} recorded for April. It was more than one-third below the rate (1.5) for April of last year and nearly two-thirds below the corresponding 1948 rate (2.4). Rates decreased from last month in 17 prefectures,

increased in 16, while the remaining 13 reported no cases either month. There were 21 prefectures reporting no cases this month. The highest rate was reported by Kagawa (5.5), over six times the national average, while both Tokyo-to and Wakayama reported a rate of 3.2, three and a half times the national.

One smallpox case was reported in April, the same number as in March. The case rate was less than 0.1 each month. No deaths have been reported thus far this year. The rate for April 1949 was 0.3 and for April 1948 it was 0.1. The current case was in Nagasaki Prefecture.

The typhus fever case rate decreased 57 percent, from 2.8 in March to 1.2 in April, and the death rate from 0.2 to 0.1. Rates in April 1949 and 1948 were 0.2 & 2.2 respectively. Almost one-third of the current cases (30) were in Kanagawa Prefecture where the rate was 13.4 and about a fourth (23) in Hyogo with a rate of 7.5. Rates in ten additional prefectures reporting cases ranged from 0.4 to 4.0.

The case rate for malaria this month (0.7) and the death rate (less than 0.1) were both slightly lower than last month (0.8 and 0.1 respectively). The current case rate was approximately one-fourth of the rate (2.7) for March 1949 and about one-seventh of the corresponding 1948 rate (4.8). Rates decreased from last month in 22 prefectures and increased in 14. The remaining 10 prefectures have reported no cases for two or more months. No cases were reported in April in 19 prefectures, while rates in the 27 prefectures reporting cases ranged from 0.3 to 3.9.

The scarlet fever case rate increased more than a third from 4.5 last month to 6.1 currently, and the death rate from less than 0.1 to 0.1. The current case rate was about 10 percent above the rate (5.6) for April 1949 and nearly 50 percent above the corresponding 1948 rate (4.1). Nearly two-thirds (30) of the prefectures reported increases over last month, 14 decreases, while the two remaining prefectures (Tottori, and Kagoshima) have reported no cases thus far this year. The most notable change was Fukui Prefecture where the rate decreased from 61.7 in March to 5.6 in April. Rates in Tokyo-to (22.5) and Kyoto (20.3) were over three times the national average. At the other extreme, Tokushima and Yamaguchi, as well as Tottori and Kagoshima, reported no cases this month.

The case rate for epidemic meningitis increased slightly, from 1.6 to 1.7 and the death rate from 0.3 to 0.5. The current case rate was approximately 30 percent below the rate (2.4) for April 1949 and 60 percent below the April 1948 rate (4.3). Rates increased over last month in 22 prefectures and decreased in 19. Five prefectures have reported no cases for two or more months.

The case rate for measles this month (107.7) was 14 percent higher than last month (94.1). It was less than a third of the rate (366.0) in April 1949, approximately the same as in April 1948 (106.5). More than two-thirds (32) of the prefectures reported higher rates currently than in March, while 14 reported lower. The most marked increases occurred in Gifu (124.7 to 295.1), Hiroshima (108.1 to 244.7) and Kochi (261.2 to 380.9). The most nearly comparable decreases were in Saitama (from 502.1 to 381.3) and in Fukui (134.0 to 48.0). The four prefectures on the island of Shikoku - Kagawa (478.4), Tokushima (393.9), Kochi (380.9), and Ehime (350.6) - together with Saitama Prefecture (381.3) continued to report highest rates. Tottori Prefecture reported no cases.

The current whooping cough rate (158.9) was 3 percent higher than last month's rate (154.8). It was over 60 percent higher than in April of last year (98.6) and about three times the corresponding 1948 rate (50.9). More than half (25) of the prefectures reported increases over last month's rates and 21 reported decreases. Major increases occurred in Toyama (479.2 to 673.5) and Miyazaki (194.1 to 300.8), while a comparable decrease (199.3 to 93.0) occurred in Kagawa. The rate in Toyama this month (673.5) was more than four times the national average, and the rate in Saitama (332.8) more than double. Six prefectures reported rates less than half as high as the national, of which three (Nara, Hokkaido, and Yamagata) were more than 70 percent below (46.5, 45.3 and 42.3 respectively).

Of the 46,880 cases of tuberculosis reported this month, 40,210 (86 percent) were respiratory tuberculosis. The rate for all tuberculosis this month (604.5) was

18 percent higher than last month (511.4). It was about equal to the rate for April of last year (603.1) and 15 percent above that (525.9) for the same month of 1948. All but eight prefectures reported higher rates this month than last. All but six prefectures reported rates within 50 percent of the national average. Hokkaido (1,035.9), Tokyo-to (1,009.8) and Iwate (976.7) exceeded this range, while Tochigi (285.5), Yamanashi (295.6) and Tokushima (299.9) were below it.

The April case rate for pneumonia (261.7) was 20 percent below the March rate (326.4). It was about the same as the rate (259.1) in April of last year & slightly higher than the corresponding 1948 rate (251.0). About three-fourths (35) of the prefectures reported lower rates currently than in March, while 11 reported higher rates. The only large increase was in Miyazaki Prefecture (from 251.9 to 420.7). The greatest decrease was in Saitama (from 913.9 to 566.2). The rate in Toyama Prefecture (852.8) was over three times the national average, and in Saitama it was more than double. Rates in Osaka (99.8), Chiba (104.9), Tokyo-to (125.8) were less than half the national average.

The current influenza rate (10.5) was about one-sixth of the March rate (65.7), but more than one-third above the rates for April 1949 (7.5) and 1948 (7.6). Rates decreased in 36 prefectures while 6 have reported no cases for two or more months. Miyazaki Prefecture reported an increase from 13.5 to 44.2, Nagasaki from 29.7 to 35.7, Yamagata from 1.0 to 23.8, and Kyoto from zero to 1.2. Rates ranged from zero in ten prefectures to 55.6 in Gifu.

The case rate for poliomyelitis decreased from 1.9 in March to 1.7 in April. The rates in April of 1949 and 1948 were 1.5 and 0.6 respectively. Nearly half (21) of the prefectures reported decreases from last month, 17 reported increases, while the remaining eight have reported no cases for two or more months. Rates in Miyazaki (7.9) and Oita (7.5) continued to be the highest, approximately four and a half times the national average. Rates in the 33 other prefectures reporting cases ranged from 0.7 to 4.0.

The case rate for tetanus increased from 2.0 to 2.2. Rates in April 1949 (2.3) and 1948 (2.4) were approximately the same. Rates increased over last month in 26 prefectures, decreased in 19, while the one remaining prefecture (Aomori) has reported no cases for three months. Two additional prefectures (Yamagata and Kagawa) reported no cases in April. At the other extreme, rates in Kochi (8.4), Miyazaki (7.9) and Nara (6.6) were all at least three times the national average.

The case rate for puerperal infection this month (1.1) was the same as last month's rate and the rate for April 1948, but slightly lower than the rate (1.4) for April 1949. Rates increased in 21 prefectures and decreased in 16. Of the nine prefectures reporting no change, all but one have reported no cases for two or more months. Fifteen prefectures reported no cases this month. The highest rates were reported by Fukui (7.1) and Tottori (7.0), neither of which had reported any cases previously this year.

The rabies case rate increased from less than 0.1 in March to 0.1 in April. Rates in April 1949 and 1948 were 0.1 and less than 0.1 respectively. Current cases were reported by six prefectures in the Kanto region, with rates ranging from 0.2 in Kanagawa to 1.9 in Gumma. Rates were higher than in March for four of the six.

The leprosy case rate this month (1.0) was slightly higher than in March (0.9) but lower than in April 1949 or 1948 (1.3 each). Even though the current national rate was higher than in March, 23 prefectures had lower rates and only 11 higher. The remaining 12 have reported no cases for two or more months. The rise in the national rate was primarily attributable to Gumma Prefecture where the current rate (12.2) was nearly eight times the March rate (1.6). Rates in the other 27 prefectures reporting cases this month ranged from 0.3 to 4.0.

The case rate for trachoma this month (167.9) was approximately the same as for last month (164.4), but 7 percent lower than in April of last year (181.3) and 28 percent below the corresponding 1948 rate (231.7). Rates increased in nearly two-thirds (29) of the prefectures and decreased in 17. Rates in Aomori (560.4), Gumma (554.2), and Nagasaki (548.4) were all over three times the national average. At the other

extreme, rates in Yamaguchi (38.5), Shiga (43.9), and Oita (47.3) were more than 70 percent below the national.

The case rate for infectious diarrhea was 0.1 in April, whereas no cases were reported in March. In April 1949 the rate was 1.7. Data are not available for 1948. Current cases were reported in Aichi and Okayama Prefectures where the rates were 2.6 and 1.9 respectively.

The case rate for schistosomiasis was the same (0.6) in April and March 1950. Data are not available for 1949 or 1948. Current cases were reported for Yamanashi, Fukuoka and Hiroshima Prefectures, where the rates were 38.1, 3.7, and 0.5 respectively. This was an increase over the March rate for Fukuoka and decrease for the other two.

The case rate for filariasis was the same (0.1) in April and March 1950. Data are not available for 1949 or 1948. Rates increased in three prefectures and decreased in four, while 39 prefectures have reported no case for two or more months. For the five prefectures reporting cases currently rates ranged from 0.6 to 2.1.

There were 31,939 cases reported for the four venereal diseases compared with 25,229 in March^{2/}. Rates for syphilis and chancroid were lower currently than in March, for gonorrhea higher, and for lymphogranuloma venereum the same. All rates were lower than in April 1949.

The April case rate for syphilis (171.3) was 4 percent lower than the March rate (178.5). It was about one-third below the rate (260.1) for April 1949 and well under half of the corresponding 1948 rate (386.6). Prefectural rates ranged from 56.1 to 420.5.

The case rate for gonorrhea this month (219.6) was 7 percent higher than last month's rate (206.1). It was 6 percent lower than the rate (233.7) for April 1949 and 46 percent lower than the corresponding 1948 rate (404.2). Prefectural rates ranged from 41.6 to 959.7.

The chancroid case rate in April (20.2) was somewhat lower than in March (21.2), about two-thirds of the April 1949 rate (29.4), and approximately one-fourth of the rate (72.2) in April 1948. Prefectural rates ranged from 1.6 to 80.8.

The case rate for lymphogranuloma venereum (0.8) was the same in February, March and April 1950. The current rate was one-third below the rates (1.2 each month) in April 1948 and 1949. No current cases were reported by 25 prefectures, and rates in the remaining 21 ranged from 0.3 to 4.9.

Footnotes:

- 1/ These diseases are diphtheria, dysentery, typhoid fever, paratyphoid fever, smallpox, typhus fever, malaria, Japanese "B" encephalitis, scarlet fever, epidemic meningitis, cholera, and plague.
- 2/ April 1950 and 1949 were five-week periods. March 1950 and April 1948 were four week periods. Rates for 1949 and 1950 are based on the estimated population as of 1 July 1949, while those for 1948 are based upon the estimated population as of 1 July 1948. Comparison of data should be based upon rates rather than numbers where there are differences in the number of weeks included or in the base population.
- 3/ Monthly data are not available for the period 1928-1934 inclusive.

SUMMARY REPORT OF CASES AND DEATHS FROM
COMMUNICABLE DISEASES IN JAPAN

5 Week Period Ended 29 Apr 1950

PREFECTURE	DIPHTHERIA				DYSENTERY			
	Cases		Deaths		Cases		Deaths	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
HOKKAIDO	60	15.4	6	1.5	13	3.3	1	0.3
AOMORI	22	18.7	3	2.5	-	-	-	-
IWATE	35	28.0	3	2.4	7	5.6	2	1.6
MIYAGI	23	14.9	-	-	14	9.1	5	3.2
AKITA	39	31.4	1	0.8	7	5.6	2	1.6
YAMAGATA	16	12.3	2	1.5	10	7.7	2	1.5
FUKUSHIMA	37	18.9	4	2.0	11	5.6	3	1.5
IBARAKI	12	6.1	2	1.0	15	7.6	8	4.0
TOCHIGI	20	13.3	1	0.7	15	10.0	5	3.3
GUMMA	7	4.5	1	0.6	38	24.4	7	4.5
SAITAMA	29	14.1	2	1.0	50	24.3	15	7.3
CHIBA	10	4.8	1	0.5	22	10.6	3	1.4
TOKYO	75	14.3	9	1.7	115	22.0	21	4.0
KANAGAWA	22	9.8	2	0.9	29	12.9	1	0.4
NIIGATA	46	19.5	-	-	250	106.2	11	4.7
TOYAMA	16	16.6	-	-	2	2.1	1	1.0
ISHIKAWA	28	30.8	3	3.3	8	8.8	-	-
FUKUI	10	14.1	-	-	5	7.1	1	1.4
YAMANASHI	5	6.3	-	-	2	2.5	2	2.5
NAGANO	24	11.9	1	0.5	2	1.0	1	0.5
GIFU	8	5.4	-	-	1	0.7	-	-
SHIZUOKA	26	11.2	1	0.4	33	14.2	2	0.9
AICHI	31	9.9	3	1.0	24	7.7	7	2.2
MIE	17	12.1	2	1.4	6	4.3	2	1.4
SHIGA	6	7.1	-	-	2	2.4	-	-
KYOTO	20	11.6	5	2.9	12	7.0	2	1.2
OSAKA	55	16.2	5	1.5	41	12.1	4	1.2
HYOGO	49	16.1	4	1.3	18	5.9	4	1.3
NARA	12	15.9	1	1.3	-	-	-	-
WAKAYAMA	7	7.4	1	1.1	1	1.1	-	-
TOTTORI	6	10.5	1	1.7	2	3.5	1	1.7
SHIMANE	19	21.8	-	-	2	2.3	-	-
OKAYAMA	20	12.5	4	2.5	4	2.5	1	0.6
HIROSHIMA	50	25.3	4	2.0	19	9.6	3	1.5
YAMAGUCHI	21	14.4	1	0.7	2	1.4	-	-
TOKUSHIMA	9	10.7	1	1.2	1	1.2	-	-
KAGAWA	2	2.2	-	-	1	1.1	1	1.1
EHIME	14	9.8	2	1.4	1	0.7	1	0.7
KOCHI	12	14.3	3	3.6	2	2.4	1	1.2
FUKUOKA	105	32.8	9	2.8	18	5.6	3	0.9
SAGA	19	21.1	-	-	1	1.1	-	-
NAGASAKI	47	31.1	4	2.6	-	-	-	-
KUMAMOTO	21	12.2	1	0.6	10	5.8	3	1.7
OITA	20	16.6	3	2.5	3	2.5	3	2.5
MIYAZAKI	50	49.1	3	2.9	8	7.9	1	1.0
KAGOSHIMA	33	19.3	11	6.4	1	0.6	-	-

**Apr 1950	1,215	15.7	110	1.4	828	10.7	130	1.7
* Mar 1950	1,120	18.1	134	2.2	406	6.5	91	1.5
**Apr 1949	1,568	20.2	165	2.4	312	4.0	111	1.6

See footnotes at end of table.

Monthly Report - 29 April 1950
Continued

PREFECTURE	TYPHOID FEVER				PARATYPHOID FEVER			
	Cases		Deaths		Cases		Deaths	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
HOKKAIDO	15	3.9	2	0.5	6	1.5	1	0.3
AOMORI	12	10.2	1	0.8	1	0.8	-	-
IWATE	5	4.0	1	0.8	3	2.4	1	0.8
MIYAGI	11	7.1	1	0.6	4	2.6	1	0.6
AKITA	-	-	-	-	-	-	-	-
YAMAGATA	1	0.8	-	-	2	1.5	-	-
FUKUSHIMA	12	6.1	1	0.5	1	0.5	-	-
IBARAKI	4	2.0	-	-	2	1.0	-	-
TOCHIGI	5	3.3	-	-	-	-	-	-
GUMMA	5	3.2	-	-	2	1.3	-	-
SAITAMA	12	5.8	1	0.5	3	1.5	-	-
CHIBA	7	3.4	2	1.0	1	0.5	-	-
TOKYO	42	8.0	8	1.5	17	3.2	-	-
KANAGAWA	19	8.5	2	0.9	1	0.4	-	-
NIIGATA	8	3.4	-	-	2	0.8	-	-
TOYAMA	2	2.1	-	-	-	-	-	-
ISHIKAWA	5	5.5	-	-	-	-	-	-
FUKUI	2	2.8	-	-	-	-	-	-
YAMANASHI	-	-	-	-	-	-	-	-
NAGANO	1	0.5	-	-	-	-	-	-
GIFU	4	2.7	1	0.7	2	1.4	-	-
SHIZUOKA	4	1.7	2	0.9	3	1.3	-	-
AICHI	8	2.6	-	-	4	1.3	-	-
MIE	9	6.4	3	2.1	-	-	-	-
SHIGA	5	5.9	1	1.2	-	-	-	-
KYOTO	13	7.5	1	0.6	-	-	-	-
OSAKA	14	4.1	3	0.9	-	-	-	-
HYOGO	15	4.9	2	0.7	-	-	-	-
NARA	9	12.0	1	1.3	2	2.7	-	-
WAKAYAMA	5	5.3	1	1.1	3	3.2	-	-
TOTTORI	-	-	-	-	-	-	-	-
SHIMANE	3	3.4	1	1.1	-	-	-	-
OKAYAMA	8	5.0	2	1.3	1	0.6	1	0.6
HIROSHIMA	16	8.1	3	1.5	3	1.5	-	-
YAMAGUCHI	2	1.4	-	-	-	-	-	-
TOKUSHIMA	3	3.6	2	2.4	2	2.4	-	-
KAGAWA	1	1.1	-	-	5	5.5	1	1.1
EHIME	-	-	-	-	-	-	-	-
KOCHI	2	2.4	1	1.2	1	1.2	-	-
FUKUOKA	11	3.4	1	0.3	1	0.9	-	-
SAGA	1	1.1	-	-	-	-	-	-
NAGASAKI	4	2.6	-	-	-	-	-	-
KUMAMOTO	3	1.7	-	-	-	-	-	-
OITA	1	0.8	-	-	-	-	-	-
MIYAZAKI	2	2.0	-	-	1	1.0	-	-
KAGOSHIMA	-	-	-	-	-	-	-	-
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**Apr 1950	311	4.0	44	0.6	73	0.9	5	0.1
*Mar 1950	205	3.3	28	0.5	61	1.0	3	0.0
**Apr 1949	327	4.2	54	0.8	118	1.5	4	0.1

See footnotes at end of table.

Monthly Report - 29 April 1950
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PREFECTURE	SMALLPOX				TYPHUS FEVER			
	Cases		Deaths		Cases		Deaths	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
HOKKAIDO	-	-	-	-	-	-	-	-
AOMORI	-	-	-	-	-	-	-	-
IWATE	-	-	-	-	3	2.4	-	-
MIYAGI	-	-	-	-	1	0.6	1	0.6
AKITA	-	-	-	-	-	-	-	-
YAMAGATA	-	-	-	-	2	1.5	-	-
FUKUSHIMA	-	-	-	-	-	-	-	-
IBARAKI	-	-	-	-	2	1.0	1	0.5
TOCHIGI	-	-	-	-	-	-	-	-
GUMMA	-	-	-	-	3	1.9	-	-
SAITAMA	-	-	-	-	-	-	-	-
CHIBA	-	-	-	-	7	3.4	1	0.5
TOKYO	-	-	-	-	21	4.0	-	-
KANAGAWA	-	-	-	-	30	13.4	3	1.3
NIIGATA	-	-	-	-	1	0.4	-	-
TOYAMA	-	-	-	-	-	-	-	-
ISHIKAWA	-	-	-	-	-	-	-	-
FUKUI	-	-	-	-	-	-	-	-
YAMANASHI	-	-	-	-	-	-	-	-
NAGANO	-	-	-	-	-	-	-	-
GIFU	-	-	-	-	-	-	-	-
SHIZUOKA	-	-	-	-	-	-	-	-
AICHI	-	-	-	-	-	-	-	-
MIE	-	-	-	-	-	-	-	-
SHIGA	-	-	-	-	-	-	-	-
KYOTO	-	-	-	-	-	-	-	-
OSAKA	-	-	-	-	-	-	-	-
HYOGO	-	-	-	-	23	7.5	-	-
NARA	-	-	-	-	-	-	-	-
WAKAYAMA	-	-	-	-	-	-	-	-
TOTTORI	-	-	-	-	-	-	-	-
SHIMANE	-	-	-	-	1	1.1	-	-
OKAYAMA	-	-	-	-	-	-	-	-
HIROSHIMA	-	-	-	-	-	-	-	-
YAMAGUCHI	-	-	-	-	-	-	-	-
TOKUSHIMA	-	-	-	-	-	-	-	-
KAGAWA	-	-	-	-	-	-	-	-
EHIME	-	-	-	-	-	-	-	-
KOCHI	-	-	-	-	-	-	-	-
FUKUOKA	-	-	-	-	-	-	-	-
SAGA	-	-	-	-	-	-	-	-
NAGASAKI	1	0.7	-	-	1	0.7	-	-
KUMAMOTO	-	-	-	-	-	-	-	-
OITA	-	-	-	-	-	-	-	-
MIYAZAKI	-	-	-	-	-	-	-	-
KAGOSHIMA	-	-	-	-	-	-	-	-
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**Apr 1950	1	0.0	-	-	95	1.2	6	0.1
*Mar 1950	1	0.0	-	-	176	2.8	14	0.2
**Apr 1949	25	0.3	5	0.1	12	0.2	5	0.1

See footnotes at end of table.

PREFECTURE	MALARIA			
	Cases		Deaths	
	Number	Rate	Number	Rate
HOKKAIDO	-	-	-	-
AOMORI	-	-	-	-
IWATE	-	-	-	-
MIYAGI	-	-	-	-
AKITA	-	-	-	-
YAMAGATA	-	-	-	-
FUKUSHIMA	-	-	-	-
IBARAKI	2	1.0	-	-
TOCHIGI	-	-	-	-
GUMMA	6	3.9	-	-
SAITAMA	1	0.5	-	-
CHIBA	1	0.5	-	-
TOKYO	3	0.6	-	-
KANAGAWA	1	0.4	-	-
NIIGATA	-	-	-	-
TOYAMA	-	-	-	-
ISHIKAWA	2	2.2	-	-
FUKUI	1	1.4	-	-
YAMANASHI	1	1.3	-	-
NAGANO	2	1.0	-	-
GIFU	1	0.7	1	0.7
SHIZUOKA	1	0.4	-	-
AICHI	4	1.3	-	-
MIE	3	2.1	-	-
SHIGA	-	-	-	-
KYOTO	1	0.6	1	0.6
OSAKA	-	-	-	-
HYOGO	1	0.3	-	-
NARA	-	-	-	-
WAKAYAMA	-	-	-	-
TOTTORI	1	1.7	-	-
SHIMANE	-	-	-	-
OKAYAMA	3	1.9	-	-
HIROSHIMA	2	1.0	-	-
YAMAGUCHI	1	0.7	-	-
TOKUSHIMA	-	-	-	-
KAGAWA	-	-	-	-
EHIME	-	-	-	-
KOCHI	-	-	-	-
FUKUOKA	2	0.6	-	-
SAGA	1	1.1	-	-
NAGASAKI	3	2.0	-	-
KUMAMOTO	2	1.2	-	-
OITA	2	1.7	-	-
MIYAZAKI	2	2.0	-	-
KAGOSHIMA	4	2.3	-	-
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*Apr 1950	54	0.7	2	0.0
*Mar 1950	50	0.8	5	0.1
*Apr 1949	207	2.7	7	0.1

See footnotes at end of table.

Monthly Report - 29 April 1950
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PREFECTURE	SCARLET FEVER				EPIDEMIC MENINGITIS			
	Case		Death		Case		Death	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
HOKKAIDO	21	5.4	-	-	12	3.1	4	1.0
AOMORI	2	1.7	-	-	4	3.4	1	0.8
IWATE	7	5.6	-	-	1	0.8	1	0.8
MIYAGI	5	3.2	-	-	16	10.4	5	3.2
AKITA	3	2.4	-	-	1	0.8	-	-
YAMAGATA	3	2.3	-	-	8	6.1	3	2.3
FUKUSHIMA	2	1.0	-	-	8	4.1	4	2.0
IBARAKI	1	0.5	-	-	4	2.0	-	-
TOCHIGI	2	1.3	-	-	1	0.7	-	-
GUMMA	18	11.6	-	-	1	0.6	-	-
SAITAMA	12	5.8	-	-	2	1.0	-	-
CHIBA	4	1.9	-	-	3	1.4	2	1.0
TOKYO	118	22.5	1	0.2	15	2.9	1	0.2
KANAGAWA	35	15.6	-	-	2	0.9	1	0.4
NIIGATA	2	0.8	-	-	1	0.4	-	-
TOYAMA	5	5.2	-	-	1	1.0	-	-
ISHIKAWA	3	3.3	-	-	2	2.2	-	-
FUKUI	4	5.6	-	-	1	1.4	-	-
YAMANASHI	4	5.1	-	-	1	1.3	-	-
NAGANO	12	6.0	-	-	4	2.0	1	0.5
GIFU	5	3.4	-	-	3	2.0	-	-
SHIZUOKA	9	3.9	1	0.4	-	-	-	-
AICHI	33	10.6	-	-	5	1.6	1	0.3
MIE	11	7.8	-	-	2	1.4	-	-
SHIGA	6	7.1	-	-	3	3.6	-	-
KYOTO	35	20.3	-	-	4	2.3	1	0.6
OSAKA	38	11.2	1	0.3	9	2.6	3	0.9
HYOGO	15	4.9	-	-	2	0.7	-	-
NARA	2	2.7	-	-	-	-	-	-
WAKAYAMA	4	4.2	-	-	1	1.1	1	1.1
TOTTORI	-	-	-	-	1	1.7	-	-
SHIMANE	9	10.3	-	-	-	-	-	-
OKAYAMA	12	7.5	-	-	-	-	-	-
HIROSHIMA	9	4.6	-	-	4	2.0	1	0.5
YAMAGUCHI	-	-	-	-	1	0.7	-	-
TOKUSHIMA	-	-	-	-	-	-	-	-
KAGAWA	2	2.2	-	-	1	1.1	-	-
EHIME	1	0.7	-	-	1	0.7	-	-
KOCHI	3	3.6	-	-	-	-	-	-
FUKUOKA	10	3.1	1	0.3	5	1.6	1	0.3
SAGA	1	1.1	-	-	-	-	-	-
NAGASAKI	2	1.3	-	-	-	-	-	-
KUMAMOTO	1	0.6	-	-	1	0.6	4	2.3
OITA	2	1.7	-	-	1	0.8	-	-
MIYAZAKI	1	1.0	-	-	1	1.0	1	1.0
KAGOSHIMA	-	-	-	-	1	0.6	-	-
** Apr 1950	474	6.1	4	0.1	134	1.7	36	0.5
* Mar 1950	277	4.5	1	0.0	99	1.6	19	0.3
** Apr 1949	438	5.6	7	0.1	189	2.4	44	0.7

See footnotes at end of table.

Monthly Report - 29 April 1950
Continued

PREFECTURE	MEASLES		WHOOPIING COUGH	
	Cases		Cases	
	Number	Rate	Number	Rate
HOKKAIDO	256	65.9	176	45.3
AOMORI	45	38.2	96	81.5
IWATE	146	116.7	247	197.4
MIYAGI	77	49.9	119	77.1
AKITA	116	93.5	90	72.5
YAMAGATA	29	22.3	55	42.3
FUKUSHIMA	227	115.9	259	132.2
IBARAKI	79	40.0	541	273.7
TOCHIGI	286	189.9	161	106.9
GUMMA	364	234.0	210	135.0
SAITAMA	786	381.3	686	332.8
CHIBA	167	80.7	188	90.9
TOKYO	319	60.9	822	156.9
KANAGAWA	196	87.5	400	178.5
NIIGATA	52	22.1	344	146.1
TOYAMA	41	42.5	650	673.5
ISHIKAWA	6	6.6	156	171.3
FUKUI	34	48.0	111	156.6
YAMANASHI	33	41.9	208	263.9
NAGANO	349	173.6	186	92.5
GIFU	435	295.1	144	97.7
SHIZUOKA	347	149.1	531	228.2
AICHI	778	249.5	334	107.1
MIE	31	22.1	285	203.2
SHIGA	57	67.6	173	205.0
KYOTO	15	8.7	267	154.7
OSAKA	69	20.3	417	122.7
HYOGO	102	33.4	441	144.5
NARA	13	17.3	35	46.5
WAKAYAMA	21	22.2	270	285.0
TOTTORI	-	-	58	101.2
SHIMANE	5	5.7	104	119.1
OKAYAMA	194	121.6	120	75.2
HIROSHIMA	484	244.7	332	167.9
YAMAGUCHI	6	4.1	96	66.0
TOKUSHIMA	331	393.9	178	211.8
KAGAWA	432	478.4	84	93.0
EHIME	502	350.6	377	263.3
KOCHI	319	380.9	177	211.3
FUKUOKA	129	40.3	708	221.1
SAGA	24	26.7	155	172.2
NAGASAKI	111	73.3	248	163.9
KUMAMOTO	52	30.1	472	273.4
OITA	8	6.6	163	135.4
MIYAZAKI	88	86.5	306	300.8
KAGOSHIMA	192	112.4	144	84.3
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*Apr 1950	8353	107.7	12324	158.9
*Mar 1950	5835	94.1	9606	154.8
*Apr 1949	28383	366.0	7650	98.6

See footnotes at end of table.

Monthly Report - 29 April 1950
Continued

PREFECTURE	TUBERCULOSIS		PNEUMONIA	
	Number	Rate	Number	Rate
HOKKAIDO	4027	1035.9	1103	283.7
AOMORI	927	787.1	373	316.7
IVATE	1222	976.7	602	481.2
MIYAGI	1158	750.4	458	296.8
AKITA	720	580.2	342	275.6
YAMAGATA	650	499.3	394	302.7
FUKUSHIMA	988	504.3	659	336.4
IBARAKI	654	330.9	498	252.0
TOCHIGI	430	285.5	430	285.5
GUMMA	784	504.1	778	500.2
SAITAMA	1175	570.0	1167	566.2
CHIBA	918	443.6	217	104.9
TOKYO	5289	1009.8	572	109.2
KANAGAWA	1617	721.8	463	206.7
NIIGATA	990	420.5	778	330.4
TOYAMA	810	839.3	823	852.8
ISHIKAWA	689	756.8	211	231.7
FUKUI	621	875.9	241	339.9
YAMANASHI	233	295.6	199	252.4
NAGANO	1006	500.4	881	438.2
GIFU	830	563.1	458	310.7
SHIZUOKA	1039	446.5	440	189.1
AICHI	2191	702.5	764	245.0
MIE	816	581.7	368	262.3
SHIGA	437	517.9	219	259.5
KYOTO	1195	692.6	217	125.8
OSAKA	2325	684.2	339	99.8
HYOGO	1542	505.3	454	148.8
NARA	228	302.9	107	142.1
WAKAYAMA	373	393.7	227	239.6
TOTTORI	318	554.9	140	244.3
SHIMANE	415	475.1	174	199.2
OKAYAMA	954	598.0	464	290.8
HIROSHIMA	1270	642.1	614	310.4
YAMAGUCHI	912	626.6	263	180.7
TOKUSHIMA	252	299.9	188	223.7
KAGAWA	379	419.7	182	201.5
EHIME	637	444.9	579	404.4
KOCHI	310	370.1	187	223.3
FUKUOKA	2052	640.8	734	229.2
SAGA	417	463.1	200	222.1
NAGASAKI	634	418.9	358	236.5
KUMAMOTO	742	429.7	523	302.9
OITA	554	460.0	202	167.7
MIYAZAKI	603	592.7	428	420.7
KAGOSHIMA	547	320.3	273	159.9
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**April 1950	46,880	604.5	20,291	261.7
* March 1950	31,726	511.4	20,251	326.4
**April 1949	46,771	603.1	20,090	259.1

See footnotes at end of table.

Monthly Report - 29 April 1950
Continued

PREFECTURE	INFLUENZA		POLIOMYELITIS	
	Number	Cases Rate	Number	Cases Rate
HOKKAIDO	192	49.4	12	3.1
AOMORI	-	-	1	0.8
IVATE	-	-	4	3.2
MIYAGI	-	-	3	1.9
AKITA	-	-	1	0.8
YAMAGATA	31	23.8	3	2.3
FUKUSHIMA	-	-	2	1.0
IBARAKI	2	1.0	3	1.5
TOCHIGI	12	8.0	-	-
GUMMA	25	16.1	6	3.9
SAITAMA	17	8.2	2	1.0
CHIBA	4	1.9	-	-
TOKYO	1	0.2	12	2.3
KANAGAWA	4	1.8	4	1.8
NIIGATA	79	33.6	-	-
TOYAMA	12	12.4	1	1.0
ISHIKAWA	12	13.2	-	-
FUKUI	1	1.4	1	1.4
YAMANASHI	4	5.1	-	-
NAGANO	54	26.9	3	1.5
GIFU	82	55.6	-	-
SHIZUOKA	26	11.2	8	3.4
AICHI	15	4.8	5	1.6
MIE	33	23.5	3	2.1
SHIGA	1	1.2	-	-
KYOTO	2	1.2	2	1.2
OSAKA	2	0.6	-	-
HYOGO	3	1.0	2	0.7
NARA	1	1.3	3	4.0
WAKAYAMA	3	3.2	-	-
TOTTORI	1	1.7	2	3.5
SHIMANE	-	-	-	-
OKAYAMA	4	2.5	2	1.3
HIROSHIMA	19	9.6	2	1.0
YAMAGUCHI	8	5.5	-	-
TOKUSHIMA	-	-	2	2.4
KAGAWA	3	3.3	1	1.1
EHIME	5	3.5	4	2.8
KOCHI	-	-	2	2.4
FUKUOKA	11	3.4	7	2.2
SAGA	14	15.5	2	2.2
NAGASAKI	54	35.7	1	0.7
KUMAMOTO	-	-	5	2.9
OITA	30	24.9	9	7.5
MIYAZAKI	45	44.2	8	7.9
KAGOSHIMA	-	-	2	1.2
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**April 1950	812	10.5	130	1.7
* March 1950	4,076	65.7	117	1.9
**April 1949	580	7.5	116	1.5

See footnotes at end of table.

Monthly Report - 29 April 1950
Continued

PREFECTURE	TETANUS		PUERPERAL INFECTION	
	Number	Rate	Number	Rate
HOKKAIDO	2	0.5	4	1.0
AOMORI	-	-	-	-
IWATE	2	1.6	2	1.6
MIYAGI	3	1.9	-	-
AKITA	1	0.8	7	5.6
YAMAGATA	-	-	1	0.8
FUKUSHIMA	7	3.6	-	-
IBARAKI	5	2.5	4	2.0
TOCHIGI	6	4.0	-	-
GUMMA	5	3.2	2	1.3
SAITAMA	3	1.5	7	3.4
CHIBA	7	3.4	-	-
TOKYO	5	1.0	1	0.2
KANAGAWA	7	3.1	1	0.4
NIIGATA	1	0.4	2	0.8
TOYAMA	4	4.1	4	4.1
ISHIKAWA	2	2.2	-	-
FUKUI	1	1.4	5	7.1
YAMANASHI	1	1.3	1	1.3
NAGANO	7	3.5	3	1.5
GIFU	6	4.1	1	0.7
SHIZUOKA	4	1.7	3	1.3
AICHI	7	2.2	5	1.6
MIE	2	1.4	-	-
SHIGA	1	1.2	-	-
KYOTO	2	1.2	3	1.7
OSAKA	2	0.6	1	0.3
HYOGO	2	0.7	2	0.7
NARA	5	6.6	-	-
WAKAYAMA	1	1.1	-	-
TOTTORI	2	3.5	4	7.0
SHIMANE	2	2.3	1	1.1
OKAYAMA	7	4.4	2	1.3
HIROSHIMA	1	0.5	1	0.5
YAMAGUCHI	4	2.7	-	-
TOKUSHIMA	4	4.8	3	3.6
KAGAWA	-	-	-	-
EHIME	5	3.5	1	0.7
KOCHI	7	8.4	-	-
FUKUOKA	15	4.7	8	2.5
SAGA	2	2.2	-	-
NAGASAKI	3	2.0	3	2.0
KUMAMOTO	4	2.3	2	1.2
OITA	2	1.7	1	0.8
MIYAZAKI	8	7.9	2	2.0
KAGOSHIMA	3	1.8	-	-
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**April 1950	170	2.2	87	1.1
* March 1950	121	2.0	69	1.1
**April 1949	178	2.3	108	1.4

See footnotes at end of table.

Monthly Report - 29 April 1950
Continued

PREFECTURE	RABIES		LEPROSY	
	Number	Cases Rate	Number	Cases Rate
HOKKAIDO	-	-	2	0.5
AOMORI	-	-	2	1.7
IWATE	-	-	2	1.6
MIYAGI	-	-	1	0.6
AKITA	-	-	2	1.6
YAMAGATA	-	-	-	-
FUKUSHIMA	-	-	2	1.0
IBARAKI	-	-	-	-
TOCHIGI	2	1.3	1	0.7
GUMMA	3	1.9	19	12.2
SAITAMA	1	0.5	-	-
CHIBA	1	0.5	-	-
TOKYO	1	0.2	2	0.4
KANAGAWA	1	0.4	-	-
NIIGATA	-	-	-	-
TOYAMA	-	-	-	-
ISHIKAWA	-	-	1	1.1
FUKUI	-	-	1	1.4
YAMANASHI	-	-	-	-
NAGANO	-	-	1	0.5
GIFU	-	-	1	0.7
SHIZUOKA	-	-	9	3.9
AICHI	-	-	4	1.3
MIE	-	-	-	-
SHIGA	-	-	2	2.4
KYOTO	-	-	-	-
OSAKA	-	-	1	0.3
HYOGO	-	-	1	0.3
NARA	-	-	3	4.0
WAKAYAMA	-	-	-	-
TOTTORI	-	-	1	1.7
SHIMANE	-	-	-	-
OKAYAMA	-	-	1	0.6
HIROSHIMA	-	-	-	-
YAMAGUCHI	-	-	-	-
TOKUSHIMA	-	-	3	3.6
KAGAWA	-	-	1	1.1
EHIME	-	-	-	-
KOCHI	-	-	-	-
FUKUOKA	-	-	5	1.6
SAGA	-	-	-	-
NAGASAKI	-	-	-	-
KUMAMOTO	-	-	2	1.2
OITA	-	-	2	1.7
MIYAZAKI	-	-	2	2.0
KAGOSHIMA	-	-	1	0.6
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**April 1950	9	0.1	75	1.0
* March 1950	3	0.0	56	0.9
**April 1949	6	0.1	103	1.3

See footnotes at end of table.

Monthly Report - 29 April 1950
Continued

PREFECTURE	TRACHOMA		INFECTIOUS DIARRHEA	
	Cases		Cases	
	Number	Rate	Number	Rate
HOKKAIDO	1094	281.4	-	-
AOMORI	660	560.4	-	-
IWATE	439	350.9	-	-
MIYAGI	480	311.0	-	-
AKITA	218	175.7	-	-
YAMAGATA	214	164.4	-	-
FUKUSHIMA	245	125.1	-	-
IBARAKI	351	177.6	-	-
TOCHIGI	117	77.7	-	-
GUMMA	862	554.2	-	-
SAITAMA	335	162.5	-	-
CHIBA	163	78.8	-	-
TOKYO	571	109.0	-	-
KANAGAWA	380	169.6	-	-
NIIGATA	154	65.4	-	-
TOYAMA	144	149.2	-	-
ISHIKAWA	87	95.6	-	-
FUKUI	147	207.3	-	-
YAMANASHI	128	162.4	-	-
NAGANO	141	70.1	-	-
GIFU	130	88.2	-	-
SHIZUOKA	331	142.2	-	-
AICHI	652	209.1	8	2.6
MIE	154	109.8	-	-
SHIGA	37	43.9	-	-
KYOTO	134	77.7	-	-
OSAKA	516	151.8	-	-
HYOGO	710	232.7	-	-
NARA	99	131.5	-	-
WAKAYAMA	156	164.7	-	-
TOTTORI	55	96.0	-	-
SHIMANE	61	69.8	-	-
OKAYAMA	281	176.1	3	1.9
HIROSHIMA	301	152.2	-	-
YAMAGUCHI	56	38.5	-	-
TOKUSHIMA	113	134.5	-	-
KAGAWA	107	118.5	-	-
EHIME	143	99.9	-	-
KOCHI	53	63.3	-	-
FUKUOKA	644	201.1	-	-
SAGA	68	75.5	-	-
NAGASAKI	830	548.4	-	-
KUMAMOTO	177	102.5	-	-
OITA	57	47.3	-	-
MIYAZAKI	137	134.6	-	-
KAGOSHIMA	86	50.4	-	-
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*Apr 1950	13018	167.9	11	0.1
*Mar 1950	10197	164.4	-	-
*Apr 1949	14060	181.3	133	1.7

See footnotes at end of table.

Monthly Report - 29 April 1950
Continued

PREFECTURE	SCHISTOSOMIASIS		FILARIASIS	
	Number	Cases Rate	Number	Cases Rate
HOKKAIDO	-	-	-	-
AOMORI	-	-	-	-
IVATE	-	-	-	-
MIYAGI	-	-	-	-
AKITA	-	-	-	-
YAMAGATA	-	-	-	-
FUKUSHIMA	-	-	-	-
IBARAKI	-	-	-	-
TOCHIGI	-	-	-	-
GUMMA	-	-	-	-
SAITAMA	-	-	-	-
CHIBA	-	-	-	-
TOKYO	-	-	-	-
KANAGAWA	-	-	-	-
NIIGATA	-	-	-	-
TOYAMA	-	-	-	-
ISHIKAWA	-	-	-	-
FUKUI	-	-	-	-
YAMANASHI	30	38.1	-	-
NAGANO	-	-	-	-
GIFU	-	-	-	-
SHIZUOKA	-	-	-	-
AICHI	-	-	-	-
MIE	-	-	-	-
SHIGA	-	-	-	-
KYOTO	-	-	-	-
OSAKA	-	-	-	-
HYOGO	-	-	-	-
NARA	-	-	-	-
WAKAYAMA	-	-	2	2.1
TOTTORI	-	-	-	-
SHIMANE	-	-	-	-
OKAYAMA	-	-	-	-
HIEOSHIMA	1	0.5	-	-
YAMAGUCHI	-	-	-	-
TOKUSHIMA	-	-	-	-
KAGAWA	-	-	-	-
EHIME	-	-	-	-
KOCHI	-	-	-	-
FUKUOKA	12	3.7	-	-
SAGA	-	-	1	1.1
NAGASAKI	-	-	-	-
KUMAMOTO	-	-	1	0.6
OITA	-	-	-	-
MIYAZAKI	-	-	1	1.0
KAGOSHIMA	-	-	1	0.6
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**April 1950	43	0.6	6	0.1
* March 1950	35	0.6	5	0.1
**April 1949	NA	NA	NA	NA

See footnotes at end of table.

Monthly Report - 29 April 1950
Continued

PREFECTURE	SYPHILIS		GONORRHEA	
	Number	Cases Rate	Number	Cases Rate
HOKKAIDO	768	197.6	1019	262.1
AOMORI	126	107.0	147	124.8
IWATE	131	104.7	72	57.5
MIYAGI	147	95.3	156	101.1
AKITA	130	104.8	52	41.9
YAMAGATA	162	124.5	118	90.7
FUKUSHIMA	186	94.9	230	117.4
IBARAKI	153	77.4	140	70.8
TOCHIGI	259	172.0	286	189.9
GUMMA	179	115.1	166	106.7
SAITAMA	218	105.8	225	109.2
CHIBA	231	111.6	231	111.6
TOKYO	785	149.9	1485	283.5
KANAGAWA	942	420.5	2150	959.7
NIIGATA	198	84.1	98	41.6
TOYAMA	162	167.9	192	198.9
ISHIKAWA	111	121.9	140	153.8
FUKUI	123	173.5	185	260.9
YAMANASHI	78	98.9	48	60.9
NAGANO	195	97.0	179	89.0
GIFU	145	98.4	269	182.5
SHIZUOKA	414	177.9	382	164.2
AICHI	568	182.1	671	215.1
MIE	192	136.9	175	124.7
SHIGA	103	122.1	129	152.9
KYOTO	411	238.2	471	273.0
OSAKA	983	289.3	657	193.3
HYOGO	686	224.8	623	204.1
NARA	117	155.4	139	184.7
WAKAYAMA	194	204.8	268	282.9
TOTTORI	113	197.2	123	214.6
SHIMANE	49	56.1	51	58.4
OKAYAMA	300	188.0	318	199.3
HIROSHIMA	318	160.8	783	395.9
YAMAGUCHI	316	217.1	712	489.2
TOKUSHIMA	96	114.2	66	78.5
KAGAWA	95	105.2	71	78.6
EHIME	176	122.9	179	125.0
KOCHI	131	156.4	113	134.9
FUKUOKA	1168	364.7	2012	628.3
SAGA	146	162.2	254	282.1
NAGASAKI	554	366.0	449	296.7
KUMAMOTO	273	158.1	253	146.5
OITA	123	102.1	131	108.8
MIYAZAKI	154	151.4	160	157.3
KAGOSHIMA	175	102.5	254	148.7
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**April 1950	13,284	171.3	17,032	219.6
* March 1950	11,076	178.5	12,789	206.1
**April 1949	20,171	260.1	18,121	233.7

See footnotes at end of table.

Monthly Report - 29 April 1950
Continued

PREFECTURE	CHANCROID		LYMPHOGRANULOMA VENEREUM	
	Cases		Cases	
	Number	Rate	Number	Rate
HOKKAIDO	67	17.2	-	-
AOMORI	6	5.1	-	-
IWATE	2	1.6	-	-
MIYAGI	5	3.2	-	-
AKITA	2	1.6	-	-
YAMAGATA	6	4.6	-	-
FUKUSHIMA	7	3.6	-	-
IBARAKI	24	12.1	-	-
TOCHIGI	12	8.0	-	-
GUMMA	16	10.3	-	-
SAITAMA	14	6.8	1	0.5
CHIBA	15	7.2	-	-
TOKYO	122	23.3	4	0.8
KANAGAWA	181	80.8	11	4.9
NIIGATA	8	3.4	1	0.4
TOYAMA	18	18.7	-	-
ISHIKAWA	10	11.0	1	1.1
FUKUI	12	16.9	1	1.4
YAMANASHI	7	8.9	-	-
NAGANO	8	4.0	-	-
GIFU	76	51.6	-	-
SHIZUOKA	34	14.6	1	0.4
AICHI	47	15.1	1	0.3
MIE	19	13.5	2	1.4
SHIGA	29	34.4	-	-
KYOTO	90	52.2	6	3.5
OSAKA	122	35.9	7	2.1
HYOGO	78	25.6	3	1.0
NARA	38	50.5	-	-
WAKAYAMA	31	32.7	1	1.1
TOTTORI	12	20.9	1	1.7
SHIMANE	7	8.0	-	-
OKAYAMA	48	30.1	-	-
HIROSHIMA	64	32.4	4	2.0
YAMAGUCHI	34	23.4	7	4.8
TOKUSHIMA	9	10.7	1	1.2
KAGAWA	4	4.4	-	-
EHIME	15	10.5	2	1.4
KOCHI	16	19.1	1	1.2
FUKUOKA	164	51.2	-	-
SAGA	11	12.2	-	-
NAGASAKI	34	22.5	2	1.3
KUMAMOTO	9	5.2	-	-
OITA	16	13.3	1	0.8
MIYAZAKI	4	3.9	-	-
KAGOSHIMA	11	6.4	-	-
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*Apr 1950	1564	20.2	59	0.8
*Mar 1950	1317	21.2	47	0.8
**Apr 1949	2282	29.4	92	1.2

See footnotes at end of table.

FOOTNOTES

There were no cases or deaths reported for Japanese "B" encephalitis, cholera, or plague, and there were also no cases of yellow fever, anthrax, glanders, dengue fever, or tsutsugamushi disease.

The monthly reports refer to four and five week periods: One asterisk (*) indicates a four week period and two asterisks (**) indicate a five week period.

Rates are the number of cases or deaths per 100,000 population per annum. Both the 1949 and 1950 rates are based upon the estimated population of July 1949.

A dash (-) indicates that no cases or deaths were reported and that the case or death rate was zero.

A rate of 0.0 indicates that there were some cases or deaths but that the rate was less than 0.1.

DIGEST OF WEEKLY REPORT OF COMMUNICABLE DISEASES IN JAPAN
FOR THE WEEK ENDED 6 MAY 1950

During the eighteenth week, ended 6 May 1950, there were 17,927 cases of the 31 communicable diseases (exclusive of the four venereal diseases) compared with 20,053 cases reported for the same diseases last week. Some corrections were received for preceding weeks in the current year. Comparisons with last week are based upon corrected figures.

The number of diphtheria cases reported this week (177) was nearly 25 percent less than in the preceding week (234). Deaths decreased from 14 to 4. The present case figure was 33 percent less than that (265) recorded for the same week of last year and 45 percent below the corresponding 1948 total (322). The majority (29) of the prefectures reported decreases from last week, while thirteen had increases, three stayed the same, and the remaining one (Yamanashi) reported no cases during either period. Prefectural cases this week ranged from zero in seven instances to 14. The current and cumulative case rates were 11.4 and 17.8 respectively. Corresponding death rates were 0.3 and 1.8.

There was a slight decrease in dysentery cases, from 188 last week to 182 currently. Deaths increased from 30 to 32. This week's cases were over two and a third times those (76) in the same period of 1949 and twice the total (91) recorded for the comparable week of 1948. Cases decreased from last week in 18 prefectures, increased in 13, and did not change in 3. The 12 remaining prefectures have reported no cases for two or more weeks. Tokyo-to reported 40 cases this week, over a fifth of the total, while the entire Kanto region accounted for nearly 60 percent of all cases. Twenty-eight prefectures besides Tokyo-to reported cases this week, from 1 to 26 each. Of this week's total cases, 180 were reported as bacillary dysentery and the remaining 2 as amebic dysentery. All deaths were from the former. The current and cumulative case rates were 11.7 and 7.3 respectively, while the corresponding death rates were 2.1 and 1.5.

Typhoid fever cases (72) decreased slightly from last week (76). Deaths increased from 7 to 10. The present number of cases was 18 percent greater than the figure (61) recorded for the eighteenth week of last year but was about half of the corresponding 1948 total (141). There were decreases from last week in 14 prefectures, increases in 12, and no change in 9, while no cases have been reported for two weeks or longer in the remaining 11. About a fifth of the present cases were in Tokyo-to (15), and from 1 to 7 cases were reported by each of 27 additional prefectures. The current and cumulative case rates were 4.6 and 3.9 respectively. The corresponding death rates were both 0.6.

There were 26 cases of paratyphoid fever and four deaths reported this week compared with 20 cases and one death last week. During the eighteenth week of last year there were 18 cases and in the same period of the previous year 66 cases or over two and a half times the current figure. Approximately two-thirds (30) of the prefectures have reported no cases for two or more weeks. Cases increased over last week in eight prefectures, decreased in six, and stayed the same in the remaining two. This week's cases occurred in ten prefectures with from one to five each. The current and cumulative case rates were 1.7 and 1.1 respectively. The corresponding death rates were 0.3 and 0.1.

For the fifth consecutive week there continued to be no smallpox cases reported. There have been no deaths recorded thus far this year. Last year at this time there were 16 cases reported and in the same period of 1948 none. The cumulative case rate as of 6 May 1950 was less than 0.1.

Twelve cases of typhus fever were reported this week compared with two last week and one and four cases respectively in the eighteenth weeks of last year and 1948. One death was reported currently compared with none in the two preceding periods. Hyogo Prefecture reported eight of the present cases, Tokyo-to two, and Iwate and Osaka Prefectures one each. None of these four prefectures reported having cases in the preceding week. The current and cumulative case rates were 0.8 and 2.8 respectively. Corresponding death rates were 0.1 and 0.2.

Ten malaria cases were reported this week, the same number as in each of the two preceding weeks. There was one death reported both this week and last week. During the eighteenth week of last year there were about six times as many cases (63) and in the same period of 1948 over eight times as many (85). About three-fourths (34) of the prefectures have reported no cases for two weeks or longer. Decreases from last week occurred in six, increases in five, and no change in the remaining one. Seven prefectures reported having cases this week, from one to three each. The current and cumulative case rates were 0.6 and 0.7 respectively, while the corresponding death rates were both 0.1.

There were 116 cases of scarlet fever reported this week compared with 102 last week, an increase of 14 percent. One death was reported currently whereas there were two in each of the two preceding periods. Present cases were a third higher than in the same week of last year (87) and well over twice those for the corresponding period of 1948 (52). Cases increased over last week in nineteen prefectures, decreased in thirteen, and did not change in five. No cases have been reported for two or more weeks in the remaining nine. Nearly a fourth of this week's total cases were in Tokyo-to (28), and the remainder occurred in 28 other prefectures having from 1 to 10 cases each. The current and cumulative case rates were 7.5 and 5.6 respectively. Corresponding death rates were 0.1 and less than 0.1.

Epidemic meningitis cases numbered 14 this week compared with 22 in the preceding period. Deaths, however, increased from 4 to 7. There were 36 and 32 cases respectively during the eighteenth weeks of 1949 and 1948, from two to two and a half times the present number. No cases have been reported for two or more weeks in well over half (26) of the prefectures. Decreases from last week were recorded in eleven prefectures, increases in six, and no change in three. Eleven prefectures reported cases this week, from one to three each. The current and cumulative case rates were 0.9 and 1.5 respectively. Corresponding death rates were 0.5 and 0.4.

There continued to be no Japanese "B" encephalitis, cholera, or plague.

Approximately the same number of measles cases were reported this week (1,684) as last week (1,670). The current figure was almost three-fourths below the corresponding 1949 total (6,228) and about 10 percent less than the number (1,860) recorded for the same period of 1948. Half (23) of the prefectures reported more cases this week than last week while nearly that many (22) had fewer and the remaining one (Tottori) continued to report no cases at all. The most outstanding numeric change this week occurred in Nagano Prefecture, an increase from 37 cases to 133. The most nearly comparable decrease was in Kochi Prefecture, from 108 cases to 37. A fourth of this week's cases were in the three prefectures of Aichi (169), Nagano (133), and Saitama (125), all located in central Honshu. Forty other prefectures reported from 1 to 106 cases each, and two prefectures in addition to Tottori reported none. The current and cumulative case rates were 108.6 and 83.2 respectively.

Whooping cough cases decreased almost 20 percent, from 2,706 last week to 2,189 currently. The present figure was 20 percent higher than that (1,830) recorded for the same week of last year and more than two and three-fourths times the corresponding 1948 total (784). Cases decreased from last week in about two-thirds (31) of the prefectures, increased in thirteen, and stayed the same in two. The two largest numeric changes this week were both decreases, occurring in Fukuoka Prefecture (197 cases to 78) and Toyama (175 to 71). Prefectural case figures for the present week ranged from 3 in Tottori to 127 in Tokyo-to. The current and cumulative case rates were 141.1 and 163.7 respectively.

There were 6,910 cases of tuberculosis reported this week, more than 20 percent below last week's total (8,839). The present figure was a fourth below that (9,209) recorded for the same week of last year and slightly lower than the total (7,076) for the corresponding 1948 period. Over three-fourths (36) of the prefectures reported decreases from last week, while 10 reported increases. Prefectural case figures ranged from 20 to 694. Respiratory tuberculosis (5,934) accounted for 86 percent of the total cases. The current and cumulative case rates were 445.5 and 509.9 respectively.

Pneumonia cases (2,651) decreased 15 percent from last week (3,113). They were nearly 30 percent below the total (3,759) for the eighteenth week of last year but 4 percent above the total for the corresponding period of 1948 (2,550). About two-

thirds (31) of the prefectures reported decreases from last week, 14 reported increases, and one the same number each week. The number of cases in Nagano increased from 102 to 207, while there was a somewhat smaller increase in Miyazaki (18 to 99). Decreases of similar magnitude occurred in Toyama (175 to 73), Yamaguchi (88 to 3), Aichi (158 to 80), and Fukuoka (135 to 59). About one-seventh of all cases this week occurred in Nagano (207) and Saitama (169). Cases in the other 44 prefectures ranged from 3 to 103. The current and cumulative case rates were 170.9 and 294.7 respectively.

The number of influenza cases this week (383) increased very sharply over last week (19). The current figure was nearly four times that (99) in the eighteenth week of last year and over four and a half times the corresponding 1948 total (83). Akita Prefecture with 351 cases accounted for over 90 percent of the total, and eight other prefectures with 1 to 18 cases each accounted for the remainder. The current and cumulative case rates were 24.7 and 58.8 respectively.

Poliomyelitis cases decreased slightly, from 27 last week to 24 currently. There were also 24 cases in the eighteenth week of last year, while in the same week of 1948 there were 15. Nearly half (21) of the prefectures have reported no cases for two or more weeks, 12 reported decreases from last week, 9 increases, and 4 no change. Cases this week occurred in 16 prefectures with from 1 to 4 cases each. The current and cumulative case rates were 1.5 and 1.9 respectively.

The number of tetanus cases this week (29) was somewhat lower than last week (34), slightly higher than in the same week of 1949 (26), and 37 percent below the corresponding 1948 figure (46). There were decreases from last week in 14 prefectures, increases in 13, no change in 4, and in 15 no cases were reported either week. Present cases were distributed among 20 prefectures with from 1 to 3 cases in each. The current and cumulative case rates were both 1.9.

There were 14 cases of puerperal infection currently compared with 16 last week and 19 and 18 respectively in the eighteenth weeks of 1949 and 1948. The majority (27) of the prefectures have reported no cases for two weeks or longer. There were an equal number (8) of the prefectures reporting increases and decreases, while 3 reported the same number of cases in each of the two periods. There were 12 prefectures with one or two cases each this week. The current and cumulative case rates were 0.9 and 1.1 respectively.

One rabies case was reported this week compared with 4 last week. In the eighteenth week of last year there were 2 cases and in the corresponding 1948 period 1. This week's case was in Tochigi Prefecture. The current and cumulative case rates were both 0.1.

Leprosy cases decreased from 19 to 12. During the eighteenth weeks of 1949 and 1948 they numbered 17 and 23 respectively. About two-thirds (30) of the prefectures have reported no cases for two or more weeks. Nine reported increases over last week five decreases, and two no change. Present cases were distributed among 11 prefectures with one or two cases each. The current and cumulative case rates were 0.8 and 0.7 respectively.

The number of cases of trachoma reported this week (3,399) was 16 percent higher than the figure (2,941) for the previous week. It was 37 percent higher than that (2,477) for the eighteenth week of last year and 31 percent above the corresponding 1948 total (2,588). Cases increased over last week in 26 prefectures and decreased in 20. Prefectural case figures ranged from zero to 520. The current and cumulative case rates were 219.2 and 153.3 respectively.

There were no cases of infectious diarrhea this week, whereas last week there were three. Last year at this time there were eight. The cumulative case rate as of 6 May 1950 was 0.1.

There were 21 cases of schistosomiasis this week compared with 6 last week. Data are not available for 1949 and 1948. Twenty of this week's cases were in Yamaguchi Prefecture, the remaining one in Saga. The current and cumulative case rates were 1.4 and 0.5 respectively.

There was one case of filariasis compared with two cases last week. Data are not available for 1949 and 1948. The current case was in Tokyo-to. The current and cumulative case rates were both 0.1.

There continued to be no yellow fever, anthrax, glanders, dengue fever, or tsugamushi disease. There was also no incidence of these diseases recorded for the eighteenth weeks of 1949 and 1948.

The four venereal diseases accounted for 5,204 cases this week compared with 6,369 in the preceding period. Current and cumulative numbers of syphilis cases this week were 2,118 and 45,537 respectively; gonorrhea cases, 2,846 and 56,818; chancroid 234 and 5,664; and lymphogranuloma venereum, 6 and 201. All totals were lower than last week when there were 2,658 cases of syphilis, 3,409 of gonorrhea, 293 of chancroid, and 9 of lymphogranuloma venereum. They were also lower than in the eighteenth week of last year when there were 3,576 cases of syphilis, 3,878 of gonorrhea, 413 chancroid, and 10 of lymphogranuloma venereum. The current and cumulative case rates as of 6 May 1950 were: syphilis, 136.6 and 163.1 respectively; gonorrhea, 183.5 and 203.5; chancroid, 15.1 and 20.3; and lymphogranuloma venereum, 0.4 and 0.7.

SUMMARY REPORT OF CASES AND DEATHS FROM
COMMUNICABLE DISEASES IN JAPAN
WEEK ENDED 6 MAY 1950

PREFECTURE	DIPHTHERIA				DYSENTERY			
	Current		Cumulative		Current		Cumulative	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
HOKKAIDO	14	-	353	34	2	-	45	7
AOMORI	5	1	118	23	-	-	1	-
IWATE	6	-	145	19	-	-	40	4
MIYAGI	9	-	125	5	3	-	37	7
AKITA	7	-	156	7	1	-	18	8
YAMAGATA	4	-	60	6	6	4	24	8
FUKUSHIMA	2	-	122	15	4	1	31	6
IBARAKI	2	-	68	2	4	4	60	28
TOCHIGI	6	-	71	10	3	-	39	15
GUMMA	1	-	46	2	9	-	96	22
SAITAMA	3	-	116	11	18	1	168	43
CHIBA	-	-	48	9	2	1	48	17
TOKYO	11	-	321	31	40	7	377	84
KANAGAWA	-	-	118	13	11	3	95	14
NIIGATA	4	-	176	9	26	-	351	25
TOYAMA	2	-	70	7	1	-	5	2
ISHIKAWA	2	-	94	11	1	-	69	1
FUKUI	3	-	42	4	1	-	7	1
YAMANASHI	-	-	19	3	1	-	4	3
NAGANO	2	1	92	6	-	1	10	2
GIFU	1	-	38	7	1	1	12	6
SHIZUOKA	5	-	81	6	19	1	93	13
AICHI	8	-	121	8	3	1	48	*13
MIE	2	-	59	7	1	-	20	6
SHIGA	-	-	28	2	-	-	4	-
KYOTO	3	-	72	*12	1	1	30	7
OSAKA	3	-	190	31	5	-	67	7
HYOGO	8	-	187	15	5	3	53	17
NARA	1	-	46	5	-	-	-	-
WAKAYAMA	-	-	29	1	-	-	5	1
TOTTORI	-	-	18	4	-	-	6	3
SHIMANE	2	-	89	7	-	-	5	-
OKAYAMA	4	-	57	5	-	1	7	3
HIROSHIMA	4	-	134	10	2	-	30	9
YAMAGUCHI	1	-	139	10	-	-	5	-
TOKUSHIMA	1	-	44	7	-	-	3	-
KAGAWA	4	1	25	2	2	-	6	3
EHIME	2	-	66	9	-	-	4	3
KOCHI	-	-	35	9	-	-	3	1
FUKUOKA	10	1	370	38	3	-	59	9
SAGA	5	-	97	7	-	-	3	-
NAGASAKI	10	-	192	11	-	-	5	-
KUMAMOTO	3	-	77	6	5	1	23	9
OITA	5	-	*108	21	-	-	5	3
MIYAZAKI	7	-	*182	20	2	1	11	3
KAGOSHIMA	5	-	128	23	-	-	1	-
<hr/>								
TOTAL	177	4	*4,972	*510	182	32	2,033	*413
<hr/>								
RATE								
Current	11.4	0.3	17.8	1.8	11.7	2.1	7.3	1.5
Previous	15.1	0.9			12.1	1.9		

See footnotes at end of table.

PREFECTURE	TYPHOID FEVER				PARATYPHOID FEVER			
	Current		Cumulative		Current		Cumulative	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
HOKKAIDO	2	-	40	8	-	1	14	3
AOMORI	-	-	20	2	1	-	7	-
IWATE	1	-	13	2	-	-	6	1
MIYAGI	5	-	35	4	1	-	23	1
AKITA	-	-	7	5	-	-	4	-
YAMAGATA	-	-	9	-	-	1	6	1
FUKUSHIMA	1	-	23	1	-	-	2	-
IBARAKI	3	1	22	4	-	-	3	2
TOCHIGI	-	-	12	2	-	-	4	-
GUMMA	3	1	21	2	-	-	6	-
SAITAMA	2	-	38	7	-	-	5	-
CHIBA	2	-	26	4	-	-	6	-
TOKYO	15	1	205	31	5	1	74	2
KANAGAWA	2	-	63	4	5	-	13	-
NIIGATA	-	1	27	4	1	-	7	-
TOYAMA	-	-	7	1	-	-	4	-
ISHIKAWA	2	-	10	2	-	-	-	-
FUKUI	-	-	6	-	-	-	-	-
YAMANASHI	-	-	-	-	-	-	-	-
NAGANO	-	-	5	2	-	-	-	-
GIFU	1	-	20	4	4	1	10	1
SHIZUOKA	1	-	24	2	-	-	11	-
AICHI	1	-	31	7	4	-	*12	-
MIE	3	-	33	10	-	-	1	-
SHIGA	2	-	11	1	-	-	1	-
KYOTO	2	1	38	7	-	-	4	-
OSAKA	3	1	53	7	1	-	8	1
HYOGO	2	-	43	4	-	-	7	-
NARA	2	1	19	3	-	-	3	-
WAKAYAMA	-	-	9	2	-	-	7	-
TOTTORI	-	-	5	-	-	-	-	-
SHIMANE	1	-	19	3	-	-	-	-
OKAYAMA	-	-	19	3	-	-	1	1
HIROSHIMA	7	-	60	8	2	-	16	1
YAMAGUCHI	-	-	7	2	-	-	1	-
TOKUSHIMA	1	-	12	6	-	-	5	2
KAGAWA	-	-	1	-	-	-	5	1
EHIME	-	-	4	1	-	-	-	-
KOCHI	4	1	22	4	-	-	3	-
FUKUOKA	1	-	23	1	2	-	6	-
SAGA	1	-	4	-	-	-	3	-
NAGASAKI	-	-	15	1	-	-	1	-
KUMAMOTO	1	1	13	2	-	-	4	-
OITA	1	-	3	-	-	-	-	-
MIYAZAKI	-	1	8	1	-	-	4	-
KAGOSHIMA	-	-	-	-	-	-	-	-
<hr/>								
TOTAL	72	10	1085	164	26	4	*297	17
<hr/>								
RATE								
Current	4.6	0.6	3.9	0.6	1.7	0.3	1.1	0.1
Previous	4.9	0.5			1.3	0.1		

See footnotes at end of table.

Weekly Report - 6 May 1950
Continued

PREFECTURE	SMALLPOX				TYPHUS FEVER			
	Current		Cumulative		Current		Cumulative	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
HOKKAIDO	-	-	-	-	-	-	-	-
AOMORI	-	-	-	-	-	-	-	-
IWATE	-	-	-	-	1	-	5	-
MIYAGI	-	-	1	-	-	-	7	1
AKITA	-	-	-	-	-	-	-	-
YAMAGATA	-	-	-	-	-	-	4	-
FUKUSHIMA	-	-	-	-	-	-	1	-
IBARAKI	-	-	-	-	-	-	11	2
TOCHIGI	-	-	-	-	-	-	1	-
GUMMA	-	-	-	-	-	-	24	1
SAITAMA	-	-	-	-	-	-	4	2
CHIBA	-	-	*	-	-	-	15	1
TOKYO	-	-	-	-	2	1	229	20
KANAGAWA	-	-	1	-	-	-	423	23
NIIGATA	-	-	-	-	-	-	1	-
TOYAMA	-	-	-	-	-	-	-	-
ISHIKAWA	-	-	-	-	-	-	-	-
FUKUI	-	-	-	-	-	-	-	-
YAMANASHI	-	-	-	-	-	-	-	-
NAGANO	-	-	-	-	-	-	4	-
GIFU	-	-	-	-	-	-	-	-
SHIZUOKA	-	-	-	-	-	-	3	-
AICHI	-	-	-	-	-	-	1	-
MIE	-	-	-	-	-	-	-	-
SHIGA	-	-	-	-	-	-	-	-
KYOTO	-	-	-	-	-	-	-	-
OSAKA	-	-	-	-	1	-	7	-
HYOGO	-	-	-	-	8	-	32	-
NARA	-	-	-	-	-	-	1	-
WAKAYAMA	-	-	-	-	-	-	-	-
TOTTORI	-	-	-	-	-	-	-	-
SHIMANE	-	-	-	-	-	-	1	-
OKAYAMA	-	-	-	-	-	-	1	-
HIROSHIMA	-	-	-	-	-	-	2	-
YAMAGUCHI	-	-	-	-	-	-	-	-
TOKUSHIMA	-	-	-	-	-	-	-	-
KAGAWA	-	-	-	-	-	-	-	-
EHIME	-	-	-	-	-	-	-	-
KOCHI	-	-	-	-	-	-	-	-
FUKUOKA	-	-	-	-	-	-	-	-
SAGA	-	-	-	-	-	-	-	-
NAGASAKI	-	-	1	-	-	-	1	-
KUMAMOTO	-	-	-	-	-	-	-	-
OITA	-	-	-	-	-	-	-	-
MIYAZAKI	-	-	-	-	-	-	-	-
KAGOSHIMA	-	-	-	-	-	-	-	-
<hr/>								
TOTAL	-	-	*3	-	12	1	728	50
<hr/>								
RATE								
Current	-	-	0.0	-	0.8	0.1	2.8	0.2
Previous	-	-			0.1	-		

See footnotes at end of table.

Weekly Report - 6 May 1950
Continued

PREFECTURE	MALARIA			
	Current		Cumulative	
	Cases	Deaths	Cases	Deaths
HOKKAIDO	-	-	3	-
AOMORI	-	-	2	-
IWATE	-	-	1	1
MIYAGI	1	-	1	1
AKITA	-	-	3	1
YAMAGATA	-	-	2	-
FUKUSHIMA	-	-	4	1
IBARAKI	-	-	8	-
TOCHIGI	-	-	2	-
GUNMA	-	-	10	-
SAITAMA	-	-	9	-
CHIBA	-	-	2	-
TOKYO	1	-	19	1
KANAGAWA	-	-	3	-
NIIGATA	-	-	2	-
TOYAMA	-	-	4	-
ISHIKAWA	-	-	4	1
FUKUI	1	-	4	1
YAMANASHI	-	-	3	-
NAGANO	-	-	6	1
GIFU	-	-	4	1
SHIZUOKA	-	-	3	-
AICHI	-	-	5	-
MIE	1	-	7	-
SHIGA	2	1	8	2
KYOTO	-	-	6	1
OSAKA	-	-	-	-
HYOGO	-	-	5	-
NARA	-	-	1	-
WAKAYAMA	-	-	1	-
TOTTORI	-	-	2	-
SHIMANE	-	-	1	-
OKAYAMA	-	-	4	-
HIPHOSHIMA	-	-	7	-
YAMAGUCHI	-	-	2	-
TOKUSHIMA	-	-	-	-
KAGAWA	-	-	1	-
EHIME	-	-	3	-
KOCHI	-	-	1	-
FUKUOKA	1	-	19	2
SAGA	-	-	5	-
NAGASAKI	3	-	10	-
KUMAMOTO	-	-	2	-
OITA	-	-	4	-
MIYAZAKI	-	-	3	-
KAGOSHIMA	-	-	6	5
TOTAL	10	1	202	19
RATE				
Current	0.6	0.1	0.7	0.1
Previous	0.6	0.1		

See footnotes at end of table.

Weekly Report - 6 May 1950
Continued

PREFECTURE	SCARLET FEVER				EPIDEMIC MENINGITIS			
	Current		Cumulative		Current		Cumulative	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
HOKKAIDO	2	-	77	1	-	1	32	10
AOMORI	-	-	15	-	-	-	10	1
IVATE	1	-	22	1	1	-	7	3
MIYAGI	1	-	21	-	1	1	34	9
AKITA	3	-	27	-	1	-	6	1
YAMAGATA	3	-	11	-	3	-	23	3
FUKUSHIMA	2	-	12	-	-	-	10	4
IBARAKI	1	-	6	-	-	-	11	2
TOCHIGI	1	-	5	-	1	-	8	-
GUMMA	8	-	35	-	1	-	5	-
SAITAMA	4	-	56	1	-	-	9	3
CHIBA	-	-	21	-	-	-	9	4
TOKYO	28	1	398	2	2	3	78	17
KANAGAWA	6	-	110	-	1	-	19	8
NIIGATA	-	-	13	-	-	-	5	-
TOYAMA	-	-	13	-	-	-	7	-
ISHIKAWA	-	-	5	-	-	-	4	-
FUKUI	2	-	44	-	-	-	1	1
YAMANASHI	2	-	9	-	-	-	4	2
NAGANO	5	-	75	1	1	-	10	1
GIFU	3	-	11	-	-	-	5	1
SHIZUOKA	-	-	19	1	-	-	7	2
AICHI	4	-	81	-	-	-	8	2
MIE	5	-	28	-	-	1	4	1
SHIGA	2	-	40	-	-	-	6	2
KYOTO	10	-	102	-	-	-	8	3
OSAKA	7	-	115	1	1	1	25	6
HYOGO	1	-	45	-	1	-	5	-
NARA	3	-	10	-	-	-	-	-
WAKAYAMA	-	-	6	-	-	-	2	2
TOTTORI	-	-	-	-	-	-	3	1
SHIMANE	2	-	20	-	-	-	-	-
OKAYAMA	4	-	29	-	-	-	2	-
HIROSHIMA	1	-	19	-	-	-	7	3
YAMAGUCHI	1	-	3	-	-	-	5	2
TOKUSHIMA	-	-	4	-	-	-	1	-
KAGAWA	-	-	3	-	-	-	3	-
EHIME	1	-	3	-	-	-	3	-
KOCHI	-	-	5	-	-	-	-	-
FUKUOKA	-	-	16	1	-	-	18	3
SAGA	-	-	2	1	-	-	-	-
NAGASAKI	-	-	7	-	-	-	5	1
KUMAMOTO	-	-	3	-	-	-	5	5
OITA	-	-	2	-	-	-	2	-
MIYAZAKI	-	-	5	-	-	-	2	1
KAGOSHIMA	3	-	3	-	-	-	3	-
TOTAL	116	1	1,556	10	14	7	421	104
RATE								
Current	7.5	0.1	5.6	0.0	0.9	0.5	1.5	0.4
Previous	6.6	0.1			1.4	0.3		

See footnotes at end of table.

Weekly Report - 6 May 1950
Continued

PREFECTURE	MEASLES		WHOOPIING COUGH	
	Current Cases	Cumulative Cases	Current Cases	Cumulative Cases
HOKKAIDO	36	590	8	915
AOMORI	34	138	25	469
IWATE	47	402	99	833
MIYAGI	8	234	22	500
AKITA	36	241	16	528
YAMAGATA	7	96	7	267
FUKUSHIMA	49	662	38	1147
IBARAKI	12	170	75	1883
TOCHIGI	36	657	17	545
GUMMA	46	1352	39	871
SAITAMA	125	2562	113	2764
CHIBA	9	281	35	760
TOKYO	105	788	127	3742
KANAGAWA	40	482	100	1957
NIIGATA	16	276	28	1080
TOYAMA	-	135	71	1962
ISHIKAWA	3	38	22	494
FUKUI	30	271	17	476
YAMANASHI	13	135	55	572
NAGANO	133	1066	44	1033
GIFU	106	837	30	467
SHIZUOKA	49	1224	115	2180
AICHI	169	*2483	41	1213
MIE	8	143	112	1009
SHIGA	13	120	35	573
KYOTO	2	35	23	996
OSAKA	3	124	82	1425
HYOGO	33	243	73	1495
NARA	1	13	14	173
WAKAYAMA	12	48	36	796
TOTTORI	-	-	3	179
SHIMANE	1	12	33	402
OKAYAMA	97	385	21	394
HIROSHIMA	91	893	78	1404
YAMAGUCHI	2	15	4	381
TOKUSHIMA	54	965	24	676
KAGAWA	71	1361	14	621
EHIME	44	1152	40	1056
KOCHI	37	801	29	533
FUKUOKA	22	413	78	2200
SAGA	6	69	36	508
NAGASAKI	25	371	97	957
KUMAMOTO	3	226	60	1415
OITA	-	20	41	624
MIYAZAKI	25	208	104	775
KAGOSHIMA	15	441	8	454
TOTAL	1,684	*23,233	2,189	45,709
RATE				
Current	108.6	83.2	141.1	163.7
Previous	107.7		174.5	

See footnotes at end of table.

Weekly Report - 6 May 1950
Continued

PREFECTURE	TUBERCULOSIS		PNEUMONIA	
	Current Cases	Cumulative Cases	Current Cases	Cumulative Cases
HOKKAIDO	501	12351	97	4535
AOMORI	142	2685	51	1442
IWATE	261	3240	103	1870
MIYAGI	103	3159	57	1849
AKITA	76	2335	69	1274
YAMAGATA	109	1930	68	1180
FUKUSHIMA	141	2520	91	2246
IBARAKI	112	1823	49	2212
TOCHIGI	67	1166	38	1842
GUMMA	100	2136	83	3220
SAITAMA	238	3929	169	5635
CHIBA	65	2566	25	1278
TOKYO	694	15582	94	3393
KANAGAWA	255	4494	56	2285
NIIGATA	161	3061	90	2554
TOYAMA	109	2655	73	2697
ISHIKAWA	202	2277	66	931
GOKUJ	93	1540	34	1042
YAMANASHI	40	740	19	843
NAGANO	206	3307	207	3559
GIFU	177	2374	65	1690
SHIZUOKA	134	2854	50	2124
AICHI	203	6902	80	3733
MIE	122	2606	29	1458
SHIGA	79	1332	45	1119
KYOTO	178	3831	30	967
OSAKA	314	7289	50	1515
HYOGO	193	5213	53	1757
NARA	64	743	24	458
WAKAYAMA	42	1173	19	783
TOTTORI	45	971	7	537
SHIMANE	54	1465	6	895
OKAYAMA	230	2937	101	1977
HIROSHIMA	315	4058	63	2121
YAMAGUCHI	52	2382	3	873
TOKUSHIMA	20	777	13	896
KAGAWA	39	1158	38	1179
EHIME	57	1873	55	2278
KOCHI	33	997	13	706
FUKUOKA	246	6395	59	2499
SAGA	81	1731	30	870
NAGASAKI	143	2403	54	1259
KUMAMOTO	129	2017	69	1694
OITA	79	1647	26	861
MIYAZAKI	134	1882	99	1201
KAGOSHIMA	72	2052	31	926
TOTAL	6910	142358	2651	82263
RATE				
Current	445.5	509.9	170.9	294.7
Previous	569.9		200.7	

See footnotes at end of table.

Weekly Report - 6 May 1950
Continued

PREFECTURE	INFLUENZA		POLIOMYELITIS	
	Current Cases	Cumulative Cases	Current Cases	Cumulative Cases
HOKKAIDO	2	804	4	33
AOMORI	-	-	-	1
IWATE	-	-	-	9
MIYAGI	-	4	-	30
AKITA	351	918	1	3
YAMAGATA	-	32	-	6
FUKUSHIMA	-	-	-	13
IBARAKI	-	49	1	13
TOCHIGI	-	26	-	3
GUMMA	3	393	-	15
SAITAMA	-	262	-	15
CHIBA	-	213	-	2
TOKYO	-	358	3	52
KANAGAWA	-	287	-	12
NIIGATA	18	778	1	6
TOYAMA	-	195	-	7
ISHIKAWA	-	92	1	7
FUKUI	2	514	-	2
YAMANASHI	-	263	1	3
NAGANO	1	173	-	14
GIFU	-	2365	-	4
SHIZUOKA	-	463	1	30
AICHI	3	1293	1	12
MIE	-	628	-	9
SHIGA	-	227	-	-
KYOTO	-	440	-	2
OSAKA	-	394	1	3
HYOGO	-	1380	1	12
NARA	-	433	-	3
WAKAYAMA	-	256	-	1
TOTTORI	-	111	-	5
SHIMANE	1	618	-	-
OKAYAMA	-	415	3	14
HIROSHIMA	-	155	-	4
YAMAGUCHI	-	98	-	-
TOKUSHIMA	-	103	-	4
KAGAWA	-	78	-	4
EHIME	-	147	1	12
KOCHI	-	6	-	5
FUKUOKA	2	697	1	31
SAGA	-	118	-	5
NAGASAKI	-	150	-	3
KUJIMOTO	-	5	-	16
OITA	-	406	2	27
MIYAZAKI	-	68	1	63
KAGOSHIMA	-	-	-	3
<hr/>				
TOTAL	383	16,415	24	518
<hr/>				
RATE				
Current	24.7	58.8	1.5	1.9
Previous	1.2		1.7	

See footnotes at end of table.

Weekly Report - 6 May 1950
Continued

PREFECTURE	TETANUS		PUERPERAL INFECTION	
	Current Cases	Cumulative Cases	Current Cases	Cumulative Cases
HOKKAIDO	-	10	1	26
AOMORI	-	3	-	7
IWATE	-	5	-	6
MIYAGI	-	6	-	7
AKITA	1	3	-	19
YAMAGATA	1	10	1	6
FUKUSHIMA	-	10	-	4
IBARAKI	1	26	-	8
TOCHIGI	2	14	-	4
GUMMA	1	28	1	11
SAITAMA	-	16	1	28
CHIBA	1	20	-	2
TOKYO	3	20	1	6
KANAGAWA	-	15	-	2
NIIGATA	-	6	-	6
TOYAMA	1	6	-	19
ISHIKAWA	-	3	-	3
FUKUI	-	2	-	5
YAMANASHI	3	6	-	7
NAGANO	-	17	2	10
GIFU	-	11	1	4
SHIZUOKA	1	17	1	9
AICHI	-	16	-	12
MIE	1	10	-	2
SHIGA	1	6	1	5
KYOTO	-	6	-	5
OSAKA	-	11	1	3
HYOGO	-	7	-	6
NARA	-	7	-	2
WAKAYAMA	-	4	-	-
TOTTORI	-	6	-	4
SHIMANE	1	10	-	5
OKAYAMA	1	12	-	7
HIROSHIMA	-	11	-	9
YAMAGUCHI	2	16	-	-
TOKUSHIMA	-	8	1	7
KAGAWA	-	6	-	-
EHIME	-	17	-	4
KOCHI	1	13	-	1
FUKUOKA	-	42	-	16
SAGA	-	6	-	3
NAGASAKI	1	8	-	4
KUMAMOTO	2	14	-	10
OITA	3	10	-	2
MIYAZAKI	-	19	2	7
KAGOSHIMA	1	12	-	3
<hr/>				
TOTAL	29	523	14	316
<hr/>				
FATE				
Current	1.9	1.9	0.9	1.1
Previous	2.2		1.0	

See footnotes at end of table.

PREFECTURE	RABIES		LEPRUSY	
	Current Cases	Cumulative Cases	Current Cases	Cumulative Cases
HOKKAIDO	-	-	1	5
AOMORI	-	-	-	4
IWATE	-	-	-	7
MIYAGI	-	-	-	6
AKITA	-	-	-	6
YAMAGATA	-	-	1	3
FUKUSHIMA	-	-	-	5
IBARAKI	-	-	-	-
TOCHIGI	1	3	1	9
GUMMA	-	*6	-	28
SAITAMA	-	3	-	1
CHIBA	-	5	-	-
TOKYO	-	2	-	13
KANAGAWA	-	3	-	1
NIIGATA	-	-	-	-
TOYAMA	-	-	-	-
ISHIKAWA	-	-	-	1
FUKUI	-	-	-	2
YAMANASHI	-	-	1	3
NAGANO	-	-	-	2
GIFU	-	-	-	4
SHIZUOKA	-	-	-	9
AICHI	-	-	1	7
MIE	-	-	-	2
SHIGA	-	-	-	2
KYOTO	-	-	1	2
OSAKA	-	-	1	7
HYOGO	-	-	-	2
NARA	-	-	-	3
WAKAYAMA	-	-	-	1
TOTTORI	-	-	1	3
SHIMANE	-	-	-	-
OKAYAMA	-	-	-	6
HIROSHIMA	-	-	-	-
YAMAGUCHI	-	-	-	4
TOKUSHIMA	-	-	-	7
KAGAWA	-	-	-	2
EHIME	-	-	-	3
KOCHI	-	-	-	1
FUKUOKA	-	*	1	16
SAGA	-	-	-	1
NAGASAKI	-	-	2	3
KUMAMOTO	-	-	-	5
OITA	-	-	-	6
MIYAZAKI	-	-	1	7
KAGOSHIMA	-	-	-	3
TOTAL	1	*22	12	202
RATE				
Current	0.1	0.1	0.8	0.7
Previous	0.3		1.2	

See footnotes at end of table.

Weekly Report - 6 May 1950
Continued

PREFECTURE	TRACHOMA		INFECTIOUS DIARRHEA	
	Current Cases	Cumulative Cases	Current Cases	Cumulative Cases
HOKKAIDO	150	3075	-	-
AOMORI	108	2114	-	-
IWATE	266	2618	-	-
MIYAGI	30	1416	-	-
AKITA	17	889	-	-
YAMAGATA	16	1191	-	-
FUKUSHIMA	92	758	-	-
IBARAKI	50	987	-	-
TOCHIGI	189	816	-	-
GUMMA	520	2321	-	-
SAITAMA	177	1198	-	-
CHIBA	39	785	-	-
TOKYO	415	1895	-	-
KANAGAWA	39	1602	-	-
NIIGATA	64	530	-	-
TOYAMA	12	383	-	-
ISHIKAWA	44	330	-	-
FUKUI	58	453	-	-
YAMANASHI	18	364	-	-
NAGANO	35	362	-	-
GIFU	39	429	-	-
SHIZUOKA	36	922	-	-
AICHI	59	2309	-	17
MIE	28	425	-	-
SHIGA	15	147	-	-
KYOTO	19	428	-	-
OSAKA	106	1681	-	-
HYOGO	193	2082	-	-
NARA	54	406	-	-
WAKAYAMA	40	569	-	-
TOTTORI	9	170	-	-
SHIMANE	14	165	-	-
OKAYAMA	21	738	-	4
HIROSHIMA	78	1383	-	-
YAMAGUCHI	21	212	-	-
TOKUSHIMA	-	233	-	-
KAGAWA	54	494	-	-
EHIME	6	389	-	-
KOCHI	18	208	-	-
FUKUOKA	55	2125	-	-
SAGA	19	303	-	-
NAGASAKI	32	1518	-	-
KUMAMOTO	118	599	-	-
OITA	4	159	-	-
MIYAZAKI	20	368	-	-
KAGOSHIMA	2	236	-	-
TOTAL	3399	42785	-	21
RATE				
Current	219.2	153.3	-	0.1
Previous	180.6		0.2	

See footnotes at end of table.

Weekly Report - 6 May 1950
Continued

PREFECTURE	SCHISTOSOMIASIS		FILARIASIS	
	Current Cases	Cumulative Cases	Current Cases	Cumulative Cases
HOKKAIDO	-	-	-	-
AOMORI	-	-	-	-
IVATE	-	-	-	-
MIYAGI	-	-	-	-
AKITA	-	-	-	1
YAMAGATA	-	-	-	-
FUKUSHIMA	-	-	-	-
IBARAKI	-	-	-	-
TOCHIGI	-	-	-	-
GUMMA	-	-	-	-
SAITAMA	-	-	-	1
CHIBA	-	-	-	1
TOKYO	-	1	1	1
KANAGAWA	-	-	-	-
NIIGATA	-	-	-	-
TOYAMA	-	-	-	-
ISHIKAWA	-	-	-	-
FUKUI	-	-	-	-
YAMANASHI	20	94	-	1
NAGANO	-	-	-	-
GIFU	-	-	-	-
SHIZUOKA	-	-	-	1
AICHI	-	-	-	-
MIE	-	-	-	-
SHIGA	-	-	-	-
KYOTO	-	-	-	-
OSAKA	-	-	-	2
HYOGO	-	-	-	1
NARA	-	-	-	-
WAKAYAMA	-	-	-	3
TOTTORI	-	-	-	-
SHIMANE	-	-	-	-
OKAYAMA	-	-	-	1
HIROSHIMA	-	8	-	-
YAMAGUCHI	-	-	-	-
TOKUSHIMA	-	-	-	-
KAGAWA	-	-	-	-
EHIME	-	-	-	3
KOCHI	-	-	-	-
FUKUOKA	-	32	-	1
SAGA	1	1	-	1
NAGASAKI	-	-	-	1
KUMAMOTO	-	-	-	5
OITA	-	-	-	1
MIYAZAKI	-	-	-	3
KAGOSHIMA	-	-	-	5
<hr/>				
TOTAL	21	136	1	33
<hr/>				
RATE				
Current	1.4	0.5	0.1	0.1
Previous	0.4		0.1	

See footnotes at end of table.

NUMBER OF CASES AND DEATHS OF COMMUNICABLE DISEASES FOR
COMPARABLE PERIODS, 1948, 1949 AND 1950

Diseases	Week Ended			Cumulative Rates for First 18 Weeks		
	6 May 1950	30 Apr 1949	1 May 1948	1950	1949	1948
Cases						
Diphtheria	177	265	322	4972	6482	7010
Dysentery	182	76	91	2033	835	953
Typhoid Fever	72	61	141	1085	1475	1880
Paratyphoid Fever	26	18	66	297	550	628
Smallpox	-	16	-	3	41	9
Typhus Fever	12	1	4	778	76	307
Malaria	10	63	85	202	514	1084
Japanese "B"	-	-	-	-	-	-
Encephalitis	-	-	-	-	1	-
Scarlet Fever	116	87	52	1556	1589	927
Epidemic Meningitis	14	36	32	421	569	889
Cholera	-	-	-	-	-	-
Plague	-	-	-	-	-	-
Measles	1684	6228	1860	23233	59974	21627
Whooping Cough	2189	1830	784	45709	24778	13784
Tuberculosis	6910	9209	7076	142358	142106	112385
Pneumonia	2651	3759	2550	82263	66616	70698
Influenza	373	99	83	16415	1213	1828
Poliomyelitis	24	24	15	518	441	125
Yellow Fever	-	-	-	-	-	-
Tetanus	29	26	46	523	608	555
Puerperal Infection	14	19	18	316	360	415
Rabies	1	2	1	22	16	13
Anthrax	-	-	-	-	3	2
Glanders	-	-	-	-	-	-
Leprosy	12	17	23	202	260	225
Trachoma	3399	2477	2588	42785	42084	45377
Infectious Diarrhea	-	8	NA	21	193	NA
Dengue Fever	-	-	-	-	2	1
Tsutsugamushi disease	-	NA	NA	-	NA	NA
Schistosomiasis	21	NA	NA	136	NA	NA
Filariasis	1	NA	NA	33	NA	NA
Deaths						
Diphtheria	4	25	29	510	694	719
Dysentery	32	30	18	413	215	214
Typhoid Fever	10	12	16	164	195	237
Paratyphoid Fever	4	-	4	17	22	35
Smallpox	-	1	-	-	4	-
Typhus Fever	1	-	-	50	3	24
Malaria	1	2	-	19	18	8
Japanese "B"	-	-	-	-	-	-
Encephalitis	-	-	-	-	-	-
Scarlet Fever	1	1	2	10	22	12
Epidemic Meningitis	7	8	10	104	148	223
Cholera	-	-	-	-	-	-
Plague	-	-	-	-	-	-

See footnotes at end of table.

CASE AND DEATH RATES OF COMMUNICABLE DISEASES
FOR COMPARABLE PERIODS, 1948, 1949 AND 1950

Diseases	Week Ended			Cumulative Rates for First 18 Weeks		
	6 May 1950	30 Apr 1949	1 May 1948	1950	1949	1948
Case Rates						
Diphtheria	11.4	17.1	21.0	17.8	23.2	25.4
Dysentery	11.7	4.9	5.9	7.3	3.0	3.5
Typhoid Fever	4.6	3.9	9.2	3.9	5.3	6.8
Paratyphoid Fever	1.7	1.2	4.3	1.1	2.0	2.3
Smallpox	-	1.0	-	0.0	0.1	0.0
Typhus Fever	0.8	0.1	0.3	2.8	0.3	1.1
Malaria	0.6	4.1	5.5	0.7	1.8	3.9
Japanese "B"						
Encephalitis	-	-	-	-	0.0	-
Scarlet Fever	7.5	5.6	3.4	5.6	5.7	3.4
Epidemic Meningitis	0.9	2.3	2.1	1.5	2.0	3.2
Cholera	-	-	-	-	-	-
Plague	-	-	-	-	-	-
Measles	108.6	401.6	121.3	83.2	214.8	78.3
Whooping Cough	141.1	118.0	51.1	163.7	88.8	49.9
Tuberculosis	445.5	593.8	461.3	509.9	509.0	407.0
Pneumonia	170.9	242.4	166.2	294.7	238.6	256.1
Influenza	24.7	6.4	5.4	58.8	4.3	6.6
Poliomyelitis	1.5	1.5	1.0	1.9	1.6	0.5
Yellow Fever	-	-	-	-	-	-
Tetanus	1.9	1.7	3.0	1.9	2.2	2.0
Puerperal infection	0.9	1.2	1.2	1.1	1.3	1.5
Rabies	0.1	0.1	0.1	0.1	0.1	0.0
Anthrax	-	-	-	-	0.0	0.0
Glanders	-	-	-	-	-	-
Leprosy	0.8	1.1	1.5	0.7	0.9	0.8
Trachoma	219.2	159.7	168.7	153.3	150.7	164.4
Infectious Diarrhea	-	0.5	NA	0.1	0.7	NA
Dengue Fever	-	-	-	-	0.0	0.00
Tsutsugamushi Disease	-	NA	NA	-	NA	NA
Schistosomiasis	1.4	NA	NA	0.5	NA	NA
Filariasis	0.1	NA	NA	0.1	NA	NA
Death Rates						
Diphtheria	0.3	1.6	1.9	1.8	2.5	2.6
Dysentery	2.1	1.9	1.2	1.5	0.8	0.8
Typhoid Fever	0.6	0.8	1.0	0.6	0.7	0.9
Paratyphoid Fever	0.3	-	0.3	0.1	0.1	0.1
Smallpox	-	0.1	-	-	0.0	-
Typhus Fever	0.1	-	-	0.2	0.0	0.1
Malaria	0.1	0.1	-	0.1	0.1	0.0
Japanese "B" Encephalitis	-	-	-	-	-	-
Scarlet Fever	0.1	0.1	0.1	0.0	0.1	0.0
Epidemic Meningitis	0.5	0.5	0.7	0.4	0.5	0.8
Cholera	-	-	-	-	-	-
Plague	-	-	-	-	-	-

See footnotes at end of table.

SUMMARY REPORT OF CASES AND DEATHS FROM
COMMUNICABLE DISEASES IN JAPAN
WEEK ENDED 6 MAY 1950

PREFECTURE	SYPHILIS		GONORRHEA	
	Current Cases	Cumulative Cases	Current Cases	Cumulative Cases
HOKKAIDO	124	2496	129	3440
AOMORI	27	506	28	567
IWATE	9	444	10	298
MIYAGI	18	712	18	766
AKITA	17	443	11	268
YAMAGATA	46	620	25	400
FUKUSHIMA	59	652	48	710
IBARAKI	9	519	18	414
TOCHIGI	29	744	37	730
GUMMA	28	630	34	568
SAITAMA	39	804	42	721
CHIBA	46	917	30	761
TOKYO	149	2502	185	4776
KANAGAWA	154	2991	455	6711
NIIGATA	37	794	11	340
TOYAMA	10	586	14	671
ISHIKAWA	20	467	36	594
FUKUI	33	413	59	586
YAMANASHI	9	247	9	171
NAGANO	36	694	38	626
GIFU	17	415	69	1014
SHIZUOKA	49	1073	68	1194
AICHI	41	1790	87	1983
MIE	29	747	28	560
SHIGA	10	387	6	428
KYOTO	68	1332	89	1572
OSAKA	125	3415	83	2116
KYOGO	128	2216	86	2310
NARA	12	382	30	618
WAKAYAMA	34	722	29	870
TOTTORI	9	412	5	418
SHIMANE	6	203	4	174
OKAYAMA	46	846	70	1028
HIROSHIMA	88	1360	132	2771
YAMAGUCHI	143	1308	120	2289
TOKUSHIMA	10	295	5	175
KAGAWA	10	393	20	326
EHIME	13	461	18	444
KOCHI	11	436	15	435
FUKUOKA	162	4479	297	7036
SAGA	38	554	42	753
NAGASAKI	23	1977	30	1498
KUMAMOTO	26	733	55	767
OITA	79	537	150	671
MIYAZAKI	33	401	44	446
KAGOSHIMA	9	482	27	804
<hr/>				
TOTAL	2118	45537	2846	56818
<hr/>				
RATE				
Current	136.6	163.1	183.5	203.5
Previous	171.4		219.8	

See footnotes at end of table.

Weekly Report - 6 May 1950
Continued

PREFECTURE	CHANCROID		LYMPHOGRANULOMA VENEREUM	
	Current Cases	Cumulative Cases	Current Cases	Cumulative Cases
HOKKAIDO	12	256	-	2
AOMORI	1	28	-	-
IWATE	1	17	-	-
MIYAGI	1	42	-	-
AKITA	-	11	1	1
YAMAGATA	1	16	-	-
FUKUSHIMA	1	39	-	1
IBARAKI	-	61	-	-
TOCHIGI	1	40	-	-
GUMMA	1	61	-	3
SAITAMA	1	55	-	1
CHIBA	-	91	-	-
TOKYO	18	476	2	18
KANAGAWA	27	633	-	16
NIIGATA	2	31	-	2
TOYAMA	1	67	-	1
ISHIKAWA	4	81	-	8
FUKUI	-	38	-	3
YAMANASHI	-	19	-	-
NAGANO	2	21	-	-
GIFU	20	173	-	1
SHIZUOKA	4	87	-	3
AICHI	4	155	-	4
MIE	4	74	1	4
SHIGA	3	114	-	1
KYOTO	13	359	-	32
OSAKA	12	469	1	22
HYOGO	13	307	-	15
NARA	10	141	-	2
WAKAYAMA	3	111	-	6
TOTTORI	3	36	-	1
SHIMANE	-	16	-	-
OKAYAMA	10	175	-	3
HIROSHIMA	12	281	-	10
YAMAGUCHI	4	124	-	10
TOKUSHIMA	-	16	-	3
KAGAWA	1	27	-	3
EHIME	3	40	-	3
KOCHI	3	49	-	2
FUKUOKA	27	549	1	11
SAGA	1	32	-	1
NAGASAKI	1	127	-	5
KUMAMOTO	-	25	-	-
OITA	4	43	-	1
MIYAZAKI	3	14	-	-
KAGOSHIMA	2	37	-	2
TOTAL	234	5664	6	201
RATE				
Current	15.1	20.3	0.4	0.7
Previous	18.9	-	0.6	-

See footnotes at end of table.

NUMBER OF CASES AND CASE RATES
OF VENERAL DISEASES IN JAPAN
FOR COMPARABLE PERIODS
1948, 1949, AND 1950

DISEASE	WEEK ENDED			CUMULATIVE NUMBER FOR THE FIRST 18 WEEKS		
	1950 6 May	1949 30 Apr	1948 1 May	1950	1949	1948
<u>NUMBER</u>						
SYPHILIS	2118	3576	4857	45537	69381	81901
GONORRHEA	2846	3878	5345	56818	61210	88948
CHANCROID	234	413	934	5664	9134	16912
LYMPHOGRANULOMA VENEREUM	6	10	10	201	258	280
<u>RATE</u>						
SYPHILIS	136.6	230.6	316.6	163.1	248.5	296.6
GONORRHEA	183.5	250.0	348.5	203.5	219.3	322.2
CHANCROID	15.1	26.6	60.9	20.3	32.7	61.3
LYMPHOGRANULOMA VENEREUM	0.4	0.6	0.7	0.7	0.9	1.0

FOOTNOTES:

1. There were no cases or deaths reported for Japanese "B" encephalitis, cholera, or plague and also no cases of yellow fever, anthrax, glanders, dengue fever, or tsutsugamushi disease.
2. Rates are the numbers of cases or deaths per 100,000 population, estimated as of 1 July 1949, and are computed on an annual basis.
3. A dash (-) indicates that no cases or deaths were reported and that the case or death rate was zero.
4. A rate of 0.0 indicates that there were some cases or deaths but that the rate was less than 0.1.
5. "NA" indicates that data are not available.
6. * Cumulative figures adjusted for delayed and corrected reports.

Digest of Weekly Report of Communicable Diseases
In Japan For The Week Ended 13 May 1950

During the nineteenth week, ended 13 May 1950, there were 26,851 cases of the 31 communicable diseases (exclusive of the four venereal diseases) compared with 17,968 cases reported for the same diseases last week. Current totals for 13 diseases (dysentery, typhoid fever, paratyphoid fever, Japanese "B" encephalitis, scarlet fever, whooping cough, tuberculosis, pneumonia, poliomyelitis, tetanus, puerperal infection, leprosy, and trachoma) were higher than in either last week or the nineteenth week of last year. Only two diseases (influenza and rabies) reported lower totals currently than in either of the other periods, while no cases of cholera, plague, yellow fever, anthrax, glanders, dengue fever were reported in any of the three periods. No cases of tsutsugamushi disease were reported either last week or currently, but data are not available for 1949 for either that disease or schistosomiasis and filariasis. For the remaining seven diseases current totals fell between totals reported for the two comparable periods. Some corrections were received for preceding weeks in the current year. Comparisons with last week are based upon corrected figures.

Diphtheria cases (223) increased by more than a fourth over last week (177). Deaths rose from 4 to 21. The present case figure was 20 percent less than that (280) recorded for the same week of last year and nearly 30 percent below the corresponding 1948 total (314). Half (23) of the prefectures reported more cases this week than last week, nineteen had fewer, two stayed the same, and the remaining two (Yamanashi and Shiga) reported no cases during either period. Fukuoka Prefecture had 24 of this week's cases, and 43 additional prefectures had from 1 to 14 each. The current and cumulative case rates were 14.4 and 17.6 respectively. Corresponding death rates were 1.4 and 1.8.

The number of dysentery cases this week (532) was nearly three times that (181) for the preceding period. Deaths also increased by a substantial amount, from 32 to 73. This week's cases were over eight times those (65) in the same period of last year and more than four and a half times the corresponding 1948 total (115). There were increases over last week in the majority (33) of the prefectures, decreases in five, and no change in two, while no cases have been reported for three weeks or longer in the remaining six. The most outstanding numeric change was an increase from 40 cases to 219 cases in Tokyo-to, the present figure accounting for over 40 percent of this week's total cases. Thirty-six additional prefectures reported current cases ranging from 1 to 57. Bacillary dysentery accounted for 528 of this week's cases and all the deaths. Four cases were designated as amebic dysentery. The current and cumulative case rates for all dysentery were 34.3 and 8.7 respectively, while corresponding death rates were 4.7 and 1.7.

There were 93 cases of typhoid fever this week, nearly 30 percent more than last week (72). Deaths, however, decreased from 10 to 9. This week's cases were over fifty percent higher than those (61) recorded for the same week of last year but almost 40 percent below the total (152) for the corresponding 1948 period. Increases over last week occurred in seventeen prefectures and decreases in fourteen. Of the fifteen prefectures that did not change, all but two have reported no cases for two weeks or longer. Tokyo-to (13) and Niigata Prefecture (12) together accounted for over a fourth of the present cases, and 23 additional prefectures reported from one to seven each. The current and cumulative case rates were 6.0 and 4.0 respectively. The corresponding death rates were both 0.6.

Paratyphoid fever cases numbered 46 this week, over 75 percent more than in the preceding period (26). The number of deaths, however decreased from four to zero. Present cases were about two and a half times those (19) in the nineteenth week of last year but nearly 30 percent below the total (65) for the same period of 1948. The majority of the prefectures (27) have reported no cases for two or more weeks. Changes from last week included 11 prefectures with increases and five with decreases, while three others stayed the same. Eighteen prefectures having from one to ten cases each accounted for this week's total cases. The current and cumulative case rates were 3.0 and 1.2 respectively, while the cumulative death rate was 0.1.

No smallpox cases have been reported for six weeks and no deaths thus far this year. During the nineteenth week of last year there were ten cases and in the like period of the previous year three. The cumulative case rate as of 13 May 1950 was less than 0.1.

The same number of typhus fever cases was reported this week as in the previous period (12). No deaths were reported currently whereas last week there was one. Last year at this time no cases were recorded but in the nineteenth week of 1948 there were five. Ten of the present cases occurred in Hokkaido, which reported none last week, and the other two were in Osaka Prefecture. The current and cumulative case rates were 0.8 and 2.7 respectively. The cumulative death rate was 0.2.

There were approximately twice as many malaria cases reported this week (19) as there were in the preceding week (9). One death was reported currently whereas there was none previously. Cases in the present week were 30 percent of the number (63) for the corresponding period of last year and about a third of the total (56) for the same week of 1948. Two-thirds (31) of the prefectures have reported no cases for two or more weeks. Ten prefectures had increases, two decreases, and three others did not change. This week's cases were distributed among 14 prefectures having from one to four each. The current and cumulative case rates were 1.2 and 0.7 respectively, while the corresponding death rates were both 0.1.

One case of Japanese "B" encephalitis was reported this week, the first thus far this year. There have been no deaths reported. Records show no cases for the nineteenth weeks of last year and 1948. The one case this week was in Tokushima Prefecture. The current and cumulative case rates were 0.1 and less than 0.1 respectively.

Scarlet fever cases increased 45 percent, from 116 last week to 168 currently. The number of deaths (1) remained the same. Present cases were 89 percent greater than those (89) in the same week of last year and over two and a half times the corresponding 1948 total (62). Changes from last week were equally divided between prefectures with increases and those with decreases (17). One prefecture did not change, while the remaining 11 have reported no cases for at least two weeks. Well over a half of all cases this week were in the three prefectures of Osaka (36), Tokyo (35), and Gumma (21). The remainder occurred in 23 additional prefectures having from one to 12 cases each. The current and cumulative case rates were 10.8 and 5.9 respectively. Corresponding death rates were 0.1 and less than 0.1.

There were 17 cases of epidemic meningitis this week compared with 14 last week. Deaths decreased slightly, from 7 to 6. About twice as many cases were recorded for the nineteenth week of 1949 (36) and 1948 (37). There have been no cases for two weeks or longer in the majority (27) of the prefectures. Increases over last week occurred in ten, decreases in eight, and no change in the remaining one. Twelve prefectures reported cases this week, from one to three each. The current and cumulative case rates were 1.1 and 1.5 respectively. Corresponding death rates were both 0.4.

Measles cases this week (2,590) were 54 percent higher than in the preceding period (1,684). They were 62 percent fewer than in the nineteenth week of last year (6,810) but nearly a third higher than the total recorded for the same period of 1948 (1,964). Three-fourths (34) of the prefectures reported more cases this week than last week, while eleven had fewer and the remaining one stayed the same. The largest numeric change was an increase in Saitama Prefecture, from 125 to 273 cases. Four other prefectures with from 95 to 72 more cases this week than last week were Gifu, Kagawa, Tochigi, and Ehime. All decreases were relatively small. Saitama Prefecture alone accounted for over a tenth of all cases this week, and the 45 other prefectures reported cases ranging from 1 to 201. The current and cumulative case rates were 167.0 and 87.6 respectively.

There was a 42 percent increase in whooping cough cases, from 2,190 cases last week to 3,108 currently. The present figure was 88 percent higher than that (1,657) recorded for the same week of last year and about four times the total (767) for the corresponding 1948 period. (See attached chart) There were increases in numbers of cases over last week in 34 prefectures, decreases in 9, and no

change in 3. The two largest numeric changes this week were increases in Toyama Prefecture (71 to 281 cases) and Ibaraki Prefecture (75 to 187). The next largest numeric change was a decrease occurring in Iwate, from 99 to 19 cases. Slightly over a fourth of all cases this week occurred in four prefectures located in central Honshu (Toyama 281 cases, Ibaraki 187, Saitama 164, and Tokyo 164). The remaining cases ranged from 5 to 125 in each of the other 42 prefectures. The current and cumulative case rates were 200.4 and 165.7 respectively.

The number of tuberculosis cases reported this week (10,546) increased by more than 50 percent over the preceding period (6,910). It was 22 percent higher than the figure (8,634) for the nineteenth week of last year and 32 percent above that (7,990) for the same week of 1948. Most (36) of the prefectures reported more cases this week than last week while the other ten had fewer cases. Prefectural case figures currently ranged from 38 to 1,205. Of the total cases this week, 86 percent (9,032) were listed as respiratory tuberculosis. The current and cumulative case rates were 680.0 and 518.9 respectively.

There was a 36 percent increase in pneumonia cases this week, from 2,651 to 3,617. The present number was 13 percent higher than that (3,201) recorded for the same week of last year and 66 percent above the corresponding 1948 total (2,181). Cases increased over last week in the majority (36) of the prefectures, decreased in nine, and stayed the same in the remaining one. The most notable numeric change was an increase in Toyama Prefecture, from 73 to 214 cases. There were lesser increases, from 53 to 65 more cases this week than previously, in six additional prefectures. Three prefectures that together accounted for ever a sixth of the total cases this week were Saitama (230), Toyama (214), and Nagano (199), all located in central Honshu. The 43 other prefectures reported cases ranging from 14 to 157. The current and cumulative case rates were 233.2 and 291.4 respectively.

Influenza cases (71) declined to less than a fifth of last week's total (383). They were somewhat over half those (131) recorded for the nineteenth week of last year and about three-fourths of the total (92) in the same period of 1948. (See attached chart). Two-thirds (31) of the prefectures have reported no cases for two weeks or longer. Increases over last week occurred in eight prefectures and decreases in seven. Akita Prefecture was chiefly responsible for the large decrease in total cases this week. That prefecture reported no cases this week compared with 351 cases last week and 231 (corrected figure) in the week ending 29 April. A fairly large numeric increase was also recorded this week, from 2 to 51 cases in Fukui Prefecture. Eight other prefectures currently reported from one to six cases each. The current and cumulative case rates were 4.6 and 56.7 respectively.

There were 36 cases of poliomyelitis this week compared with 24 in the preceding period, an increase of 50 percent. Cases numbered 31 in the nineteenth week of last year and 10 in the same period of 1948. Fourteen prefectures reported increases over last week, six decreases, and seven the same number in each of the two periods. The nineteen remaining prefectures have reported no cases for at least two weeks. Half (23) of the prefectures currently reported having cases, from one to five each. The current and cumulative case rates were 3.4 and 2.0 respectively.

The number of tetanus cases this week (52) was almost twice last week's total (29). During the nineteenth weeks of last year and 1948 there were 28 and 41 cases respectively. Cases increased over last week in nearly half (21) of the prefectures, decreased in nine, and stayed the same in five, while no cases have been reported for two weeks or longer in the remaining eleven. Seven cases were reported by Ibaraki Prefecture this week and from one to three cases by each of thirty additional prefectures. The current and cumulative case rates were 3.4 and 2.0 respectively.

Puerperal infection cases increased from 13 last week to 21 currently. There were 10 and 14 cases respectively during the nineteenth weeks of last year and 1948. Ten prefectures reported increases over last week and half that many decreases, while six others did not change. Over half (25) of the prefectures have reported no cases for at least two weeks. One or two cases were reported by each of seventeen prefectures this week. The current and cumulative

case rates were 1.4 and 1.1 respectively.

No cases of rabies were reported in the present week whereas there was one case in the preceding period. Last year at this time there were four cases and in the same period of 1948 none. The cumulative case rate as of 13 May 1950 was 0.1.

There were 17 leprosy cases reported this week compared with 12 last week and 16 and 15 cases respectively in the nineteenth weeks of last year and 1948. The majority (28) of the prefectures have reported no cases for two or more weeks. Prefectural changes from last week were equally divided between increases and decreases (7), while the four remaining prefectures stayed the same. This week's cases occurred in eleven prefectures, from one to three in each. The current and cumulative case rates were 1.1 and 0.7 respectively.

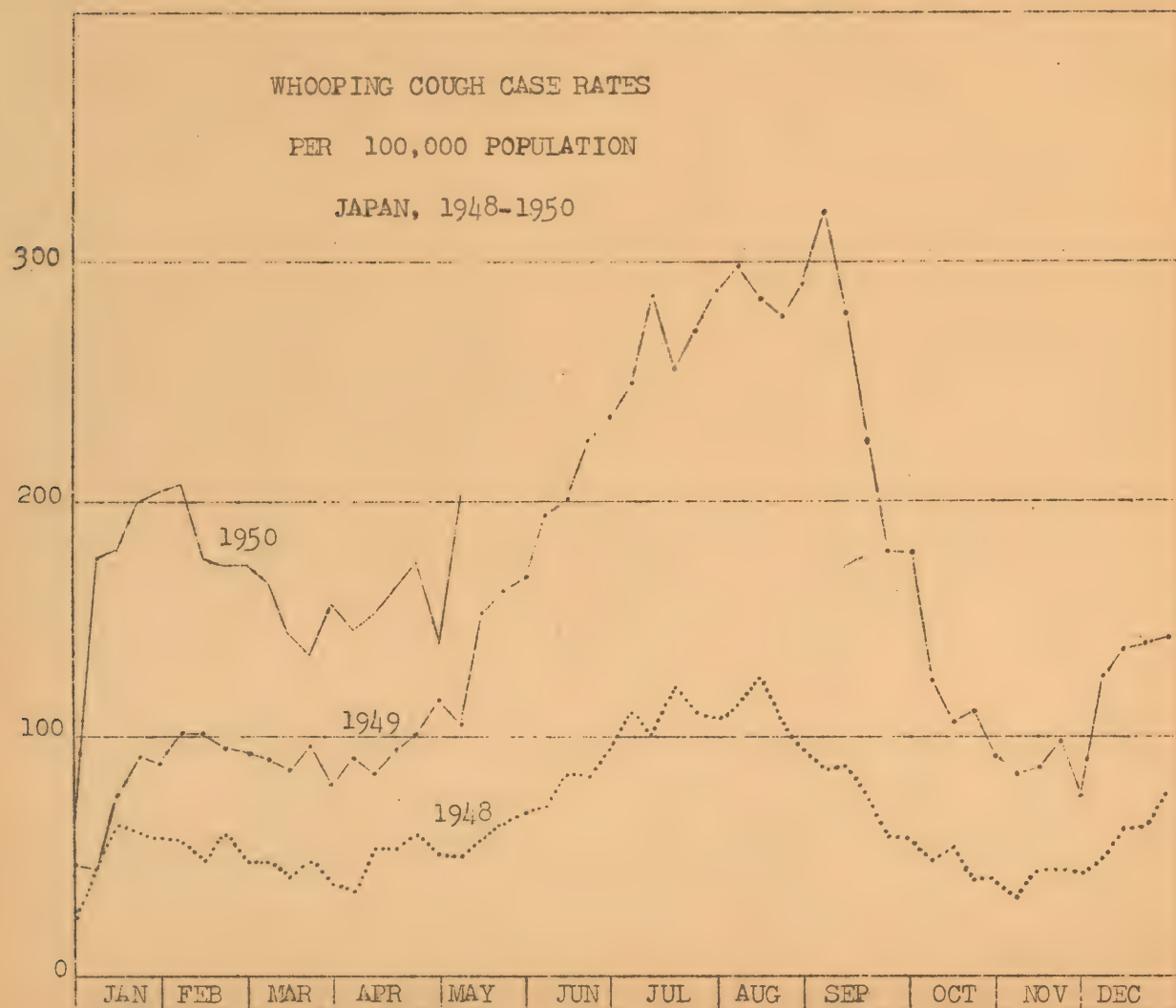
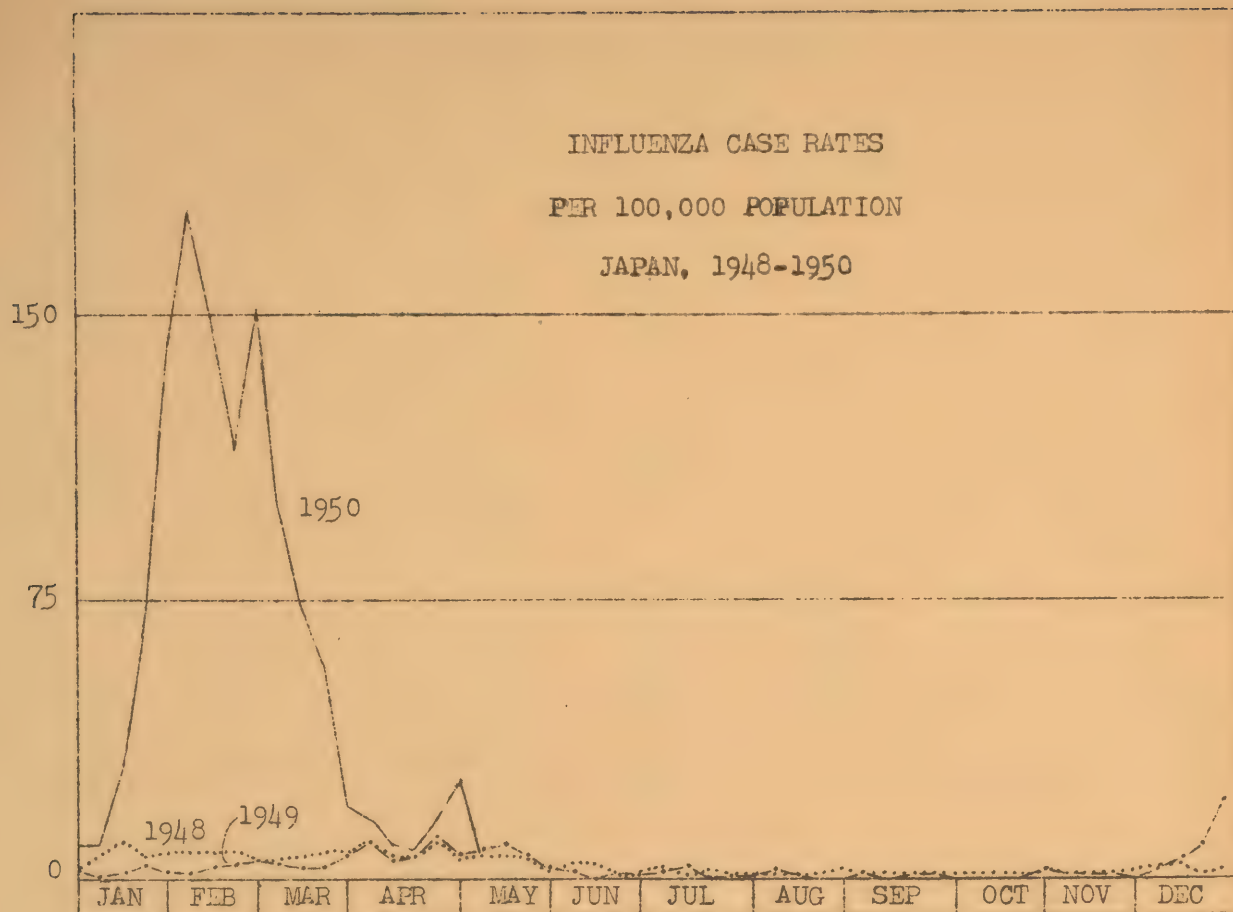
The number of trachoma cases (5,671) increased 65 percent over last week (3,442). It was also 65 percent over the figures recorded for the nineteenth weeks of 1949 (3,454) and 1948 (3,431). Over two-thirds (33) of the prefectures reported more cases this week than in the previous period, while twelve others had fewer and the one remaining prefecture the same number in each period. Prefectural case figures this week ranged from 3 to 824. The current and cumulative case rates were 365.6 and 164.6 respectively.

One case of infectious diarrhea was reported in the present week, whereas there were no cases last week. During the nineteenth week of last year there were 66 cases. The one case this week occurred in Aichi Prefecture. The current and cumulative case rates were both 0.1.

Schistosomiasis cases numbered 7 this week, a third of last week's figure (21). Data are not available for either last year or 1948. All seven of this week's cases were in Yamanashi Prefecture. The current and cumulative case rates were both 0.5.

Three filariasis cases were reported this week compared with one case last week. Data for previous years are not available. Fukushima, Yamanashi, and Miyazaki were the prefectures reporting this week's three cases. The current and cumulative case rates were 0.2 and 0.1 respectively.

The four venereal diseases accounted for 6,732 cases this week compared with 5,204 in the previous week. Current and cumulative numbers of syphilis cases this week were 2,710 and 48,247 respectively; gonorrhea cases, 3,708 and 60,527; chancroid cases, 310 and 5,975; and lymphogranuloma venereum cases, 4 and 205. Totals were higher this week than last week for all the diseases except lymphogranuloma venereum. Last week there were 2,118 cases of syphilis, 2,846 of gonorrhea, 234 of chancroid and 6 of lymphogranuloma venereum. The current totals for syphilis, chancroid, and lymphogranuloma venereum were all lower than in the same week of last year (3,636, 389, and 14 respectively). Gonorrhea cases, however, were higher this week than previously (3,200). The current and cumulative case rates for each of these diseases as of 13 May 1950 were: syphilis, 174.7 and 163.7 respectively; gonorrhea, 239.1 and 205.4; chancroid, 20.0 and 20.3; and lymphogranuloma venereum, 0.3 and 0.7.



SUMMARY REPORT OF CASES AND DEATHS FROM
COMMUNICABLE DISEASES IN JAPAN
WEEK ENDED 13 May 1950

PREFECTURE	DIPHTHERIA				DYSENTERY			
	Current		Cumulative		Current		Cumulative	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
HOKKAIDO	11	-	*363	34	4	1	49	8
AOMORI	4	-	122	23	1	-	2	-
IWATE	2	-	147	19	3	1	43	5
MIYAGI	6	1	131	6	9	1	46	8
AKITA	11	1	167	8	6	1	24	9
YAMAGATA	1	-	61	6	4	-	*27	8
FUKUSHIMA	10	1	132	16	3	-	34	6
IBARAKI	4	-	72	2	10	3	70	31
TOCHIGI	4	-	75	10	4	4	43	19
GUNMA	3	-	49	2	29	2	125	*25
SAITAMA	14	1	130	12	37	11	205	54
CHIBA	3	-	51	9	8	4	56	21
TOKYO	10	1	331	32	219	11	596	95
KANAGAWA	1	-	119	13	14	3	109	17
NIIGATA	7	-	183	9	57	5	408	30
TOYAMA	1	-	71	7	3	1	8	3
ISHIKAWA	1	-	95	11	2	-	71	1
FUKUI	2	-	44	4	-	-	7	1
YAMANASHI	-	-	19	3	3	-	7	3
NAGANO	1	1	*92	7	2	-	12	2
GIFU	2	-	40	7	-	-	12	6
SHIZUOKA	5	1	86	7	21	3	114	16
AICHI	7	-	128	8	20	7	68	20
MIE	4	-	63	7	4	2	24	8
SHIGA	-	-	28	2	2	-	6	-
KYOTO	7	-	79	12	4	1	34	8
OSAKA	11	3	201	34	5	2	72	9
HYOGO	13	3	200	18	12	3	65	20
NARA	2	-	48	5	-	-	-	-
WAKAYAMA	1	-	30	1	-	-	5	1
TOTTORI	2	-	20	4	-	-	6	3
SHIMANE	3	-	92	7	1	-	6	-
OKAYAMA	2	-	59	5	-	-	7	3
HIROSHIMA	5	1	139	11	2	1	32	10
YAMAGUCHI	3	-	142	10	3	-	8	-
TOKUSHIMA	7	1	51	8	2	-	5	-
KAGAWA	3	-	28	2	-	-	6	3
EHIME	2	1	68	10	4	1	8	4
KOCHI	2	1	37	10	1	1	4	2
FUKUOKA	24	1	394	39	5	-	64	9
SAGA	3	1	100	8	-	-	3	-
NAGASAKI	4	-	196	11	-	-	5	-
KUMAMOTO	1	1	78	7	19	-	*41	*10
OITA	2	-	110	21	4	2	9	5
MIYAZAKI	5	1	187	21	4	2	15	5
KAGOSHIMA	7	-	135	23	1	-	2	-
<hr/>								
TOTAL	223	21	*5193	531	532	73	*2563	*488
<hr/>								
RATE								
Current	14.4	1.4	17.6	1.8	34.3	4.7	8.7	1.7
Previous	11.4	0.3			11.7	2.1		

See footnotes at end of table.

Weekly Report - 13 May 1950
Continued

PREFECTURE	TYPHOID FEVER				PARATYPHOID FEVER			
	Current		Cumulative		Current		Cumulative	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
HOKKAIDO	4	-	44	8	-	-	14	3
AOMORI	1	-	21	2	1	-	8	-
IWATE	-	-	13	2	1	-	7	1
MIYAGI	4	-	39	4	6	-	29	1
AKITA	1	-	8	5	-	-	4	-
YAMAGATA	1	-	10	-	-	-	6	1
FUKUSHIMA	3	-	26	1	-	-	2	-
IBARAKI	-	-	22	4	-	-	3	2
TOCHIGI	-	-	12	2	-	-	4	-
GUNMA	-	-	21	3	5	-	11	-
SAITAMA	7	1	45	8	6	-	11	-
CHIBA	3	-	29	4	-	-	6	-
TOKYO	13	3	218	34	3	-	77	2
KANAGAWA	3	-	66	4	-	-	13	-
NIIGATA	12	1	39	5	3	-	10	-
TOYAMA	-	-	7	1	-	-	4	-
ISHIKAWA	-	-	*9	2	-	-	-	-
FUKUI	-	-	6	-	-	-	-	-
YAMANASHI	-	-	-	-	-	-	-	-
NAGANO	-	-	5	2	-	-	-	-
GIFU	5	-	25	4	1	-	11	1
SHIZUOKA	2	-	26	2	1	-	12	-
AICHI	4	1	35	8	1	-	13	-
MIE	2	-	35	10	-	-	1	-
SHIGA	1	-	*13	1	1	-	2	-
KYOTO	3	1	41	8	1	-	5	-
OSAKA	3	-	56	7	1	-	9	1
HYOGO	6	1	49	5	-	-	7	-
NARA	4	-	23	3	-	-	3	-
WAKAYAMA	3	-	12	2	-	-	7	-
TOTTORI	-	-	5	-	-	-	-	-
SHIMANE	-	-	19	3	-	-	-	-
OKAYAMA	-	-	19	3	-	-	1	1
HIROSHIMA	3	1	63	9	2	-	18	1
YAMAGUCHI	-	-	7	2	-	-	1	-
TOKUSHIMA	3	-	15	6	10	-	15	2
KAGAWA	-	-	1	-	-	-	5	1
EHIME	-	-	4	1	-	-	-	-
KOCHI	1	-	23	4	1	-	4	-
FUKUOKA	1	-	24	1	1	-	7	-
SAGA	-	-	4	-	-	-	3	-
NAGASAKI	-	-	15	1	-	-	1	-
KUMAMOTO	-	-	13	2	1	-	5	-
OITA	-	-	3	-	-	-	-	-
MIYAZAKI	-	-	8	1	-	-	4	-
KAGOSHIMA	-	-	-	-	-	-	-	-
<hr/>								
TOTAL	93	9	1178	173	46	-	343	17
<hr/>								
RATE								
Current	6.0	0.6	4.0	0.6	3.0	-	1.2	0.1
Previous	4.6	0.6			1.7	0.3		

See footnotes at end of table.

PREFECTURE	SMALLPOX				TYPHUS FEVER			
	Current		Cumulative		Current		Cumulative	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
HOKKAIDO	-	-	-	-	10	-	10	-
AOMORI	-	-	-	-	-	-	-	-
IWATE	-	-	-	-	-	-	5	-
MIYAGI	-	-	1	-	-	-	7	1
AKITA	-	-	-	-	-	-	-	-
YAMAGATA	-	-	-	-	-	-	4	-
FUKUSHIMA	-	-	-	-	-	-	1	-
IBARAKI	-	-	-	-	-	-	11	2
TOCHIGI	-	-	-	-	-	-	1	-
GUMMA	-	-	-	-	-	-	24	1
SAITAMA	-	-	-	-	-	-	4	2
CHIBA	-	-	-	-	-	-	15	1
TOKYO	-	-	-	-	-	-	229	20
KANAGAWA	-	-	1	-	-	-	423	23
NIIGATA	-	-	-	-	-	-	*	-
TOYAMA	-	-	-	-	-	-	-	-
ISHIKAWA	-	-	-	-	-	-	-	-
FUKUI	-	-	-	-	-	-	-	-
YAMANASHI	-	-	-	-	-	-	-	-
NAGANO	-	-	-	-	-	-	4	-
GIFU	-	-	-	-	-	-	-	-
SHIZUOKA	-	-	-	-	-	-	3	-
AICHI	-	-	-	-	-	-	1	-
MIE	-	-	-	-	-	-	-	-
SHIGA	-	-	-	-	-	-	-	-
KYOTO	-	-	-	-	-	-	-	-
OSAKA	-	-	-	-	2	-	9	-
HYOGO	-	-	-	-	-	-	32	-
NARA	-	-	-	-	-	-	1	-
WAKAYAMA	-	-	-	-	-	-	-	-
TOTTORI	-	-	-	-	-	-	-	-
SHIMANE	-	-	-	-	-	-	1	-
OKAYAMA	-	-	-	-	-	-	1	-
HIROSHIMA	-	-	-	-	-	-	2	-
YAMAGUCHI	-	-	-	-	-	-	-	-
TOKUSHIMA	-	-	-	-	-	-	-	-
KAGAWA	-	-	-	-	-	-	-	-
EHIME	-	-	-	-	-	-	-	-
KOCHI	-	-	-	-	-	-	-	-
FUKUOKA	-	-	-	-	-	-	-	-
SAGA	-	-	-	-	-	-	-	-
NAGASAKI	-	-	1	-	-	-	1	-
KUMAMOTO	-	-	-	-	-	-	-	-
OITA	-	-	-	-	-	-	-	-
MIYAZAKI	-	-	-	-	-	-	-	-
KOGOSHIMA	-	-	-	-	-	-	-	-
TOTAL	-	-	3	-	12	-	*789	50
RATE								
Current	-	-	0.0	-	0.8	-	2.7	0.2
Previous	-	-			0.8	0.1		

See footnotes at end of table.

Weekly Report - 13 May 1950
Continued

PREFECTURE	MALARIA				JAPANESE "B" ENCEPHALITIS			
	Current		Cumulative		Current		Cumulative	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
HOKKAIDO	-	-	3	-	-	-	-	-
AOMORI	-	-	2	-	-	-	-	-
IWATE	-	-	1	1	-	-	-	-
MIYAGI	-	-	1	1	-	-	-	-
AKITA	-	-	3	1	-	-	-	-
YAMAGATA	-	-	2	-	-	-	-	-
FUKUSHIMA	-	-	4	1	-	-	-	-
IBARAKI	-	-	8	-	-	-	-	-
TOCHIGI	-	-	2	-	-	-	-	-
GUNMA	-	-	10	-	-	-	-	-
SAITAMA	1	-	10	-	-	-	-	-
CHIBA	-	-	2	-	-	-	-	-
TOKYO	1	-	20	1	-	-	-	-
KANAGAWA	-	-	3	-	-	-	-	-
NIIGATA	-	-	2	-	-	-	-	-
TOYAMA	-	-	4	-	-	-	-	-
ISHIKAWA	-	-	4	1	-	-	-	-
FUKUI	1	-	5	1	-	-	-	-
YAMANASHI	1	-	4	-	-	-	-	-
NAGANO	-	-	6	1	-	-	-	-
GIFU	-	-	4	1	-	-	-	-
SHIZUOKA	-	-	3	-	-	-	-	-
AICHI	2	-	7	-	-	-	-	-
MIE	1	-	8	-	-	-	-	-
SHIGA	2	-	*9	*1	-	-	-	-
KYOTO	1	-	7	1	-	-	-	-
OSAKA	-	-	-	-	-	-	-	-
HYOGO	-	-	5	-	-	-	-	-
NARA	1	1	2	1	-	-	-	-
WAKAYAMA	-	-	1	-	-	-	-	-
TOTTORI	-	-	2	-	-	-	-	-
SHIMANE	-	-	1	-	-	-	-	-
OKAYAMA	-	-	4	-	-	-	-	-
HIROSHIMA	-	-	7	-	-	-	-	-
YAMAGUCHI	-	-	2	-	-	-	-	-
TOKUSHIMA	1	-	1	-	1	-	1	-
KAGAWA	-	-	1	-	-	-	-	-
EHIME	-	-	3	-	-	-	-	-
KOCHI	-	-	1	-	-	-	-	-
FUKUOKA	4	-	23	2	-	-	-	-
SAGA	-	-	5	-	-	-	-	-
NAGASAKI	1	-	11	-	-	-	-	-
KUMAMOTO	-	-	2	-	-	-	-	-
OITA	-	-	4	-	-	-	-	-
MIYAZAKI	1	-	4	-	-	-	-	-
KAGOSHIMA	1	-	7	5	-	-	-	-
<hr/>								
TOTAL	19	1	*220	*19	1	-	1	-
<hr/>								
RATE								
Current	1.2	0.1	0.7	0.1	0.1	-	0.1	-
Previous	0.6	-			-	-		

See footnotes at end of table.

PREFECTURE	SCARLET FEVER				EPIDEMIC MENINGITIS			
	Current		Cumulative		Current		Cumulative	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
HOKKAIDO	5	-	*83	1	3	-	35	10
AOMORI	-	-	15	-	1	1	11	2
IWATE	1	-	23	1	-	-	7	3
MIYAGI	3	-	24	-	2	-	36	9
AKITA	-	-	27	-	-	-	6	1
YAMAGATA	2	-	13	-	1	-	24	3
FUKUSHIMA	1	-	13	-	-	-	10	4
IBARAKI	-	-	6	-	-	-	11	2
TOCHIGI	-	-	5	-	-	-	8	-
GUMMA	21	-	56	-	-	-	5	-
SAITAMA	3	-	59	1	-	-	9	3
CHIBA	1	-	22	-	-	-	9	4
TOKYO	35	-	433	2	3	2	81	19
KANAGAWA	8	-	118	-	-	-	19	8
NIIGATA	1	-	14	-	-	-	5	-
TOYAMA	-	-	13	-	1	-	8	-
ISHIKAWA	-	-	5	-	-	-	4	*1
FUKUI	-	-	44	-	-	-	1	1
YAMANASHI	-	-	9	-	-	-	4	2
NAGANO	10	-	85	1	-	-	10	1
GIFU	2	-	13	-	-	-	5	1
SHIZUOKA	-	-	19	1	-	-	7	2
AICHI	12	1	93	1	-	-	8	2
MIE	4	-	32	-	-	-	4	1
SHIGA	4	-	44	-	-	1	6	3
KYOTO	4	-	106	-	-	1	8	4
OSAKA	36	-	151	1	1	-	26	6
HYOGO	3	-	48	-	-	-	5	-
NARA	-	-	10	-	-	-	-	-
WAKAYAMA	2	-	8	-	-	-	2	2
TOTTORI	1	-	1	-	1	-	4	1
SHIMANE	1	-	21	-	-	-	-	-
OKAYAMA	-	-	29	-	-	-	2	-
HIROSHIMA	-	-	19	-	1	1	8	4
YAMAGUCHI	3	-	6	-	1	-	6	2
TOKYUSHIMA	-	-	4	-	-	-	1	-
KAGAWA	-	-	3	-	-	-	3	-
EHIME	-	-	3	-	-	-	3	-
KOCHI	3	-	8	-	-	-	-	-
FUKUOKA	1	-	17	1	-	-	18	3
SAGA	-	-	2	1	1	-	1	-
NAGASAKI	-	-	7	-	-	-	5	1
KUMAMOTO	-	-	3	-	1	-	6	*4
OITA	-	-	2	-	-	-	2	-
MIYAZAKI	-	-	5	-	-	-	2	1
KAGOSHIMA	1	-	4	-	-	-	3	-
TOTAL	168	1	*1725	11	17	6	438	110
RATE								
Current	10.8	0.1	5.9	0.0	1.1	0.4	1.5	0.4
Previous	7.5	0.1			0.9	0.5		

See footnotes at end of table.

Weekly Report - 13 May 1950
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PREFECTURE	MEASLES		WHOOPIING COUGH	
	Current Cases	Cumulative Cases	Current Cases	Cumulative Cases
HOKKAIDO	91	681	31	946
AOMORI	52	190	30	499
IWATE	32	434	19	852
MIYAGI	23	257	36	536
AKITA	48	289	16	544
YAMAGATA	4	100	5	272
FUKUSHIMA	67	729	73	1220
IBARAKI	21	191	187	2070
TOCHIGI	117	774	30	575
GUMMA	88	1440	76	947
SAITAMA	273	2835	164	2928
CHIBA	29	310	39	799
TOKYO	133	921	164	3906
KANAGAWA	72	554	100	2057
NIIGATA	25	301	72	1152
TOYAMA	8	143	281	2243
ISHIKAWA	1	39	30	524
FUKUI	59	330	25	501
YAMANASHI	7	142	19	591
NAGANO	105	1171	87	1120
GIFU	201	1088	26	493
SHIZUOKA	67	1291	118	2298
AICHI	176	2659	55	1268
MIE	10	153	68	1077
SHIGA	12	132	45	618
KYOTO	4	39	87	1083
OSAKA	14	138	89	1514
HYOGO	52	295	78	1573
NARA	4	22	14	192
WAKAYAMA	28	76	88	884
TOTTORI	1	1	25	204
SHIMANE	2	14	64	*467
OKAYAMA	91	476	33	427
HIROSHIMA	134	1027	83	1487
YAMAGUCHI	11	26	63	444
TOKUSHIMA	92	1057	57	733
KAGAWA	160	1521	42	683
EHIME	116	1268	82	1138
KOCHI	44	845	28	561
FUKUOKA	52	465	125	2325
SAGA	4	73	38	546
NAGASAKI	16	387	58	1015
KUMAMOTO	3	229	91	1506
OITA	6	26	37	661
MIYAZAKI	22	230	83	858
KAGOSHIMA	13	454	47	501
TOTAL	2590	25823	3108	*48818
RATE				
Current	167.0	87.6	200.4	165.7
Previous	108.6		141.2	

See footnotes at end of table.

Weekly Report - 13 May 1950
Continued

PREFECTURE	TUBERCULOSIS		PNEUMONIA	
	Current Cases	Cumulative Cases	Current Cases	Cumulative Cases
HOKKAIDO	775	13126	157	4692
AOMORI	234	2919	72	1514
IWATE	85	3325	85	1955
MIYAGI	242	3401	94	1943
AKITA	189	2524	74	1348
YAMAGATA	115	2045	61	1241
FUKUSHIMA	178	2698	144	2390
IBARAKI	188	2011	90	2302
TOCHIGI	92	1258	48	1890
GUMMA	184	2320	128	3348
SAITAMA	465	4394	230	5865
CHIBA	137	2603	45	1323
TOKYO	1205	16787	79	3472
KANAGAWA	233	4727	68	2353
NIIGATA	204	3265	95	2649
TOYAMA	261	2916	214	2911
ISHIKAWA	105	2382	33	964
FUKUI	121	1661	53	1095
YAMANASHI	69	809	21	864
NAGANO	320	3627	199	3758
GIFU	161	2535	65	1755
SHIZUOKA	166	3020	73	2197
AICHI	612	7514	120	3853
MIE	151	2757	61	1519
SHIGA	99	1431	57	1176
KYOTO	271	4102	46	1013
OSAKA	605	7894	64	1579
HYOGO	377	5590	84	1841
NARA	62	805	25	483
WAKAYAMA	80	1253	14	797
TOTTORI	88	1059	19	556
SHIMANE	120	1585	38	933
OKAYAMA	176	3113	83	2060
HIROSHIMA	204	4262	128	2249
YAMAGUCHI	212	2594	33	906
TOKUSHIMA	116	893	50	946
KAGAWA	108	1266	75	1254
EHIME	122	1995	119	2397
KOCHI	38	1035	31	737
FUKUOKA	413	6808	112	2611
SAGA	78	1709	36	906
NAGASAKI	142	2545	42	1301
KUMAMOTO	128	*2146	72	*1765
OITA	187	1834	44	905
MIYAZAKI	281	2163	86	1287
KAGOSHIMA	147	2199	50	976
<hr/>				
TOTAL	10546	*152905	3617	*85879
<hr/>				
RATE				
Current	680.0	518.9	233.2	291.4
Previous	445.5		170.9	

See footnotes at end of table.

Weekly Report - 13 May 1950
Continued

PREFECTURE	INFLUENZA		POLIOMYELITIS	
	Current Cases	Cumulative Cases	Current Cases	Cumulative Cases
HOKKAIDO	6	810	2	35
AOMORI	-	-	1	2
IWATE	-	-	1	10
MIYAGI	-	4	2	32
AKITA	-	*1149	1	4
YAMAGATA	-	32	1	7
FUKUSHIMA	-	-	-	13
IBARAKI	-	49	1	14
TOCHIGI	-	26	-	3
GUMMA	-	393	1	16
SAITAMA	1	263	-	15
CHIBA	-	213	-	2
TOKYO	-	358	2	54
KANAGAWA	-	287	2	14
NIIGATA	-	778	1	7
TOYAMA	-	195	-	7
ISHIKAWA	2	94	1	8
FUKUI	51	565	-	2
YAMANASHI	-	263	-	3
NAGANO	-	173	1	15
GIFU	1	2366	-	4
SHIZUOKA	-	463	1	31
AICHI	1	1294	1	13
MIE	-	628	-	9
SHIGA	-	227	-	-
KYOTO	-	440	1	3
OSAKA	-	394	-	3
HYOGO	-	1380	-	12
NARA	-	433	-	3
WAKAYAMA	-	256	-	1
TOTTORI	-	111	1	6
SHIMANE	-	618	-	-
OKAYAMA	-	415	-	14
HIROSHIMA	-	155	-	4
YAMAGUCHI	-	98	-	-
TOKUSHIMA	-	103	1	5
KAGAWA	2	80	-	4
EHIME	2	149	2	14
KOCHI	-	6	-	5
FUKUOKA	-	697	1	32
SAGA	-	118	-	5
NAGASAKI	-	150	-	3
KUMAMOTO	-	5	1	17
OITA	5	411	5	32
MIYAZAKI	-	68	5	68
KAGOSHIMA	-	-	-	3
<hr/>				
TOTAL	71	*16717	36	554
<hr/>				
RATE				
Current	4.6	56.7	2.3	1.9
Previous	24.7		1.5	

See footnotes at end of table.

Weekly Report - 13 May 1950
Continued

PREFECTURE	TETANUS		PUERPERAL INFECTION	
	Current Cases	Cumulative Cases	Current Cases	Cumulative Cases
HOKKAIDO	1	11	-	26
AOMORI	-	3	1	8
IWATE	-	5	-	6
MIYAGI	3	9	-	7
AKITA	3	6	2	21
YAMAGATA	1	3	-	6
FUKUSHIMA	-	10	-	4
IBARAKI	7	33	-	8
TOCHIGI	1	15	-	4
GUNMA	1	29	-	11
SAITAMA	1	17	1	29
CHIBA	2	22	-	2
TOKYO	2	22	1	7
KANAGAWA	1	16	-	2
NIIGATA	1	7	-	6
TOYAMA	1	7	1	20
ISHIKAWA	-	3	1	4
FUKUI	-	2	-	5
YAMANASHI	1	7	-	7
NAGANO	-	17	1	11
GIFU	-	11	1	5
SHIZUOKA	-	17	-	9
AICHI	3	19	-	12
NAI	2	12	2	4
SHIGA	-	6	1	6
KYOTO	1	7	1	6
OSAKA	1	12	1	4
HYOGO	-	7	-	6
NARA	-	7	-	2
WAKAYAMA	-	4	-	-
TOTTORI	1	7	-	4
SHIMANE	1	11	-	5
OKAYAMA	2	14	-	7
HIROSHIMA	1	12	1	10
YAMAGUCHI	1	17	-	-
TOKUSHIMA	3	11	2	*8
KAGAWA	1	7	-	-
EHIME	-	17	-	4
KOCHI	2	15	1	2
FUKUOKA	1	43	-	16
SAGA	1	7	-	3
NAGASAKI	-	8	-	4
KUMAMOTO	1	15	1	11
OITA	-	10	-	2
MIYAGI	3	22	2	9
KAGOSHIMA	1	13	-	3
<hr/>				
TOTAL	52	575	21	*336
<hr/>				
RATE				
Current	3.4	2.0	1.4	1.1
Previous	1.9		0.8	

See footnotes at end of table.

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PREFECTURE	RABIES		LEPROSY	
	Current Cases	Cumulative Cases	Current Cases	Cumulative Cases
HOKKAIDO	-	-	1	6
AOMORI	-	-	-	4
IWATE	-	-	-	7
MIYAGI	-	-	3	9
AKITA	-	-	-	6
YAMAGATA	-	-	-	3
FUKUSHIMA	-	-	-	5
IBARAKI	-	-	-	-
TOCHIGI	-	3	-	9
GUMMA	-	6	2	30
SAITAMA	-	3	-	1
CHIBA	-	5	-	-
TOKYO	-	2	1	14
KANAGAWA	-	3	-	1
NIIGATA	-	-	-	-
TOYAMA	-	-	-	-
ISHIKAWA	-	-	-	1
FUKUI	-	-	-	2
YAMANASHI	-	-	-	3
NAGANO	-	-	-	2
GIFU	-	-	1	5
SHIZUOKA	-	-	3	12
AICHI	-	-	1	8
MIE	-	-	-	2
SHIGA	-	-	-	2
KYOTO	-	-	-	2
OSAKA	-	-	-	7
HBGO	-	-	-	2
NARA	-	-	1	4
WAKAYAMA	-	-	-	1
TOTTORI	-	-	-	3
SHIMANE	-	-	-	-
OKAYAMA	-	-	-	6
HIROSHIMA	-	-	-	-
YAMAGUCHI	-	-	-	4
TOKUSHIMA	-	-	-	7
KAGAWA	-	-	-	2
EHIME	-	-	-	3
KOCHI	-	-	-	1
FUKUOKA	-	-	-	16
SAGA	-	-	-	1
NAGASAKI	-	-	2	5
KUMAMOTO	-	-	-	5
OITA	-	-	-	6
MIYAZAKI	-	-	1	8
KAGOSHIMA	-	-	1	4
TOTAL	-	22	17	219
RATE				
Current	-	0.1	1.1	0.7
Previous	0.1		0.8	

See footnotes at end of table.

Weekly Report - 13 May 1950
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PREFECTURE	TRACHOMA		INFECTIOUS DIARRHEA	
	Current Cases	Cumulative Cases	Current Cases	Cumulative Cases
HOKKAIDO	235	3310	-	-
AOMORI	76	2190	-	-
IWATE	88	2706	-	-
MIYAGI	160	1576	-	-
AKITA	386	1275	-	-
YAMAGATA	18	1209	-	-
FUKUSHIMA	41	799	-	-
IBARAKI	148	1135	-	-
TOCHIGI	119	935	-	-
GUMMA	824	3145	-	-
SAITAMA	325	1523	-	-
CHIBA	130	915	-	-
TOKYO	355	2250	-	-
KANAGAWA	84	1686	-	-
NIIGATA	51	581	-	-
TOYAMA	78	461	-	-
ISHIKAWA	65	395	-	-
FUKUI	27	480	-	-
YAMANASHI	51	415	-	-
NAGANO	85	447	-	-
GIFU	53	482	-	-
SHIZUOKA	47	969	-	-
AICHI	408	2717	1	18
MIE	59	484	-	-
SHIGA	4	151	-	-
KYOTO	20	448	-	-
OSAKA	111	1792	-	-
HYOGO	620	2702	-	-
NARA	29	435	-	-
WAKAYAMA	65	634	-	-
TOTTORI	36	206	-	-
SHIMANE	23	188	-	-
OKAYAMA	84	822	-	4
HIROSHIMA	222	1605	-	-
YAMAGUCHI	21	233	-	-
TOKUSHIMA	71	*347	-	-
KAGAWA	94	588	-	-
EHIME	37	426	-	-
KOCHI	10	218	-	-
FUKUOKA	126	2251	-	-
SAGA	67	370	-	-
NAGASAKI	17	1535	-	-
KUMAMOTO	61	660	-	-
OITA	13	172	-	-
MIYAZAKI	24	392	-	-
KAGOSHIMA	3	239	-	-
TOTAL	5671	*48499	1	22
RATE				
Current	365.6	164.6	0.1	0.1
Previous	221.9		-	

See footnotes at end of table.

PREFECTURE	SCHISTOSOMIASIS		FILARIASIS	
	Current Cases	Cumulative Cases	Current Cases	Cumulative Cases
HOKKAIDO	-	-	-	-
AOMORI	-	-	-	-
IWATE	-	-	-	-
MIYAGI	-	-	-	-
AKITA	-	-	-	1
YAMAGATA	-	-	-	-
FUKUSHIMA	-	-	1	1
IBARAKI	-	-	-	-
TOCHIGI	-	-	-	-
GUMMA	-	-	-	-
SAITAMA	-	-	-	1
CHIBA	-	-	-	1
TOKYO	-	1	-	1
KANAGAWA	-	-	-	-
NIIGATA	-	-	-	-
TOYAMA	-	-	-	-
ISHIKAWA	-	-	-	-
FUKUI	-	-	-	-
YAMANASHI	7	101	1	2
NAGANO	-	-	-	-
GIFU	-	-	-	-
SHIZUOKA	-	-	-	1
AICHI	-	-	-	-
MIE	-	-	-	-
SHIGA	-	-	-	-
KYOTO	-	-	-	-
OSAKA	-	-	-	2
HYOGO	-	-	-	1
NARA	-	-	-	-
WAKAYAMA	-	-	-	3
TOTTORI	-	-	-	-
SHIMANE	-	-	-	-
OKAYAMA	-	-	-	1
HIROSHIMA	-	8	-	-
YAMAGUCHI	-	-	-	-
TOKYSHIMA	-	-	-	-
KAGAWA	-	-	-	-
EHIME	-	-	-	3
KOCHI	-	-	-	-
FUKUOKA	-	32	-	1
SAGA	-	1	-	1
NAGASAKI	-	-	-	1
KUMAMOTO	-	-	-	5
OITA	-	-	-	1
MIYAZAKI	-	-	1	4
KAGOSHIMA	-	-	-	5
<hr/>				
TOTAL	7	143	3	36
<hr/>				
RATE				
Current	0.5	0.5	0.2	0.1
Previous	1.4		0.1	

See footnotes at end of table.

CASES AND DEATHS OF COMMUNICABLE DISEASES FOR
COMPARABLE PERIODS, 1948 1949 AND 1950

Diseases	Week Ended			Cumulative Rates for First 19 Weeks		
	13 May 1950	7 May 1949	8 May 1948	1950	1949	1948
Cases						
Diphtheria	223	280	314	5193	6762	7324
Dysentery	532	65	115	2563	900	1068
Typhoid Fever	93	61	152	1178	1536	2032
Paratyphoid Fever	46	19	65	343	569	693
Smallpox	-	10	3	3	51	12
Typhus Fever	12	-	5	789	76	312
Malaria	19	63	56	220	577	1140
Japanese "B"						
Encephalitis	1	-	-	1	1	-
Scarlet Fever	168	89	62	1725	1678	989
Epidemic Meningitis	17	36	37	438	605	926
Cholera	-	-	-	-	-	-
Plague	-	-	-	-	-	-
Measles	2590	6810	1964	25823	66784	23591
Whooping Cough	3108	1657	767	48818	26435	14551
Tuberculosis	10546	8634	7990	152905	150740	120375
Pneumonia	3617	3201	2181	85879	69817	72879
Influenza	71	131	92	16717	1344	1920
Polioyelitis	36	31	10	554	472	135
Yellow Fever	-	-	-	-	-	-
Tetanus	52	28	41	575	636	596
Puerperal Infection	21	10	14	336	370	429
Rabies	-	4	-	22	20	13
Anthrax	-	-	-	-	3	2
Glanders	-	-	-	-	-	-
Leprosy	17	16	15	219	276	240
Trachoma	5671	3454	3431	48499	45538	48808
Infectious Diarrhea	1	66	NA	22	259	NA
Dengue Fever	-	-	-	-	2	1
Tsutsugamushi disease	-	NA	NA	-	NA	NA
Schistosomiasis	7	NA	NA	143	NA	NA
Filariasis	3	NA	NA	36	NA	NA
Deaths						
Diphtheria	21	20	27	531	714	746
Dysentery	73	18	21	488	233	235
Typhoid Fever	9	9	14	173	204	251
Paratyphoid Fever	-	1	2	17	23	37
Smallpox	-	3	-	-	7	-
Typhus Fever	-	-	-	50	3	24
Malaria	1	1	2	19	19	10
Japanese "B"						
Encephalitis	-	-	-	-	-	-
Scarlet Fever	1	1	-	11	23	12
Epidemic Meningitis	6	9	7	110	157	230
Cholera	-	-	-	-	-	-
Plague	-	-	-	-	-	-

See footnotes at end of table.

CASE AND DEATH RATES OF COMMUNICABLE DISEASES
FOR COMPARABLE PERIODS, 1948, 1949 AND 1950

Diseases	Week Ended			Cumulative Rates for First 19 Weeks		
	13 May 1950	7 May 1949	8 May 1948	1950	1949	1948
Cases Rates						
Diphtheria	14.4	18.1	20.5	17.6	22.9	25.1
Dysentery	34.3	4.2	7.5	8.7	3.1	3.7
Typhoid fever	6.0	3.9	9.9	4.0	5.2	7.0
Paratyphoid fever	3.0	1.2	4.2	1.2	1.9	2.4
Smallpox	-	0.6	0.2	0.0	0.2	0.0
Typhus fever	0.8	-	0.3	2.7	0.3	1.1
Malaria	1.2	4.1	3.7	0.7	2.0	3.9
Japanese "B" encephalitis	0.1	-	-	0.0	0.0	-
Scarlet fever	10.8	5.7	4.0	5.9	5.7	3.4
Epidemic meningitis	1.1	2.3	2.4	1.5	2.1	3.2
Cholera	-	-	-	-	-	-
Plague	-	-	-	-	-	-
Measles	167.0	439.1	128.0	87.6	226.6	80.9
Whooping cough	200.4	106.8	50.0	165.7	89.7	49.9
Tuberculosis	680.0	556.7	520.9	518.9	511.5	413.0
Pneumonia	233.2	206.4	142.2	291.4	236.9	250.1
Influenza	4.6	8.4	6.0	56.7	4.6	6.6
Poliomyelitis	2.3	2.0	0.7	1.9	1.6	0.5
Yellow fever	-	-	-	-	-	-
Tetanus	3.4	1.8	2.7	2.0	2.2	2.0
Puerperal infection	1.4	0.6	0.9	1.1	1.3	1.5
Rabies	-	0.3	-	0.1	0.1	0.0
Anthrax	-	-	-	-	0.0	0.0
Glanders	-	-	-	-	-	-
Leprosy	1.1	1.0	1.0	0.7	0.9	0.8
Trachoma	365.6	222.7	223.7	164.6	154.5	167.5
Infectious diarrhea	0.1	4.3	NA	0.1	0.9	NA
Dengue fever	-	-	-	-	0.0	0.0
Tsutsugamushi disease	-	NA	NA	-	NA	NA
Schistosomiasis	0.5	NA	NA	0.5	NA	NA
Filariasis	0.2	NA	NA	0.1	NA	NA
Death Rates						
Diphtheria	1.4	1.3	1.8	1.8	2.4	2.6
Dysentery	4.7	1.2	1.4	1.7	0.8	0.8
Typhoid fever	0.6	0.6	0.9	0.6	0.7	0.9
Paratyphoid fever	-	0.1	0.1	0.1	0.1	0.1
Smallpox	-	0.2	-	-	0.0	-
Typhus fever	-	-	-	0.2	0.0	0.1
Malaria	0.1	0.1	0.1	0.1	0.1	0.0
Japanese "B" encephalitis	-	-	-	-	-	-
Scarlet fever	0.1	0.1	-	0.0	0.1	0.0
Epidemic meningitis	0.4	0.6	0.5	0.4	0.5	0.8
Cholera	-	-	-	-	-	-
Plague	-	-	-	-	-	-

See footnotes at end of table.

SUMMARY REPORT OF VENEREAL DISEASES
IN JAPAN WEEK ENDED 13 May 1950

PREFECTURE	SYPHILIS		GONORRHEA	
	Current Cases	Cumulative Cases	Current Cases	Cumulative Cases
HOKKAIDO	132	2628	217	3657
AOMORI	25	531	48	615
IWATE	41	485	19	317
MIYAGI	30	742	47	813
AKITA	30	473	7	275
YAMAGATA	37	657	23	423
FUKUSHIMA	27	679	46	756
IBARAKI	23	542	25	439
TOCHIGI	41	785	41	771
GUMMA	31	661	35	603
SAITAMA	117	921	99	820
CHIBA	39	956	48	809
TOKYO	155	2657	334	5110
KANAGAWA	184	3175	375	7086
NIIGATA	61	855	26	366
TOYAMA	31	617	69	740
ISHIKAWA	25	492	36	630
FUKUI	30	443	32	618
YAMANASHI	12	259	8	179
NAGANO	54	748	49	675
GIFU	20	435	75	1089
SHIZUOKA	40	1113	88	1282
AICHI	101	1891	155	2138
MIE	26	773	20	580
SHIGA	10	397	36	464
KYOTO	74	1406	121	1693
OSAKA	246	3661	162	2278
HYOGO	156	2372	145	2455
NARA	24	406	61	679
WAKAYAMA	45	767	69	939
TOTTORI	33	445	15	433
SHIMANE	17	220	17	191
OKAYAMA	60	906	53	1081
HIROSHIMA	94	1454	238	3009
YAMAGUCHI	66	1374	159	2448
TOKUSHIMA	18	313	10	185
KAGAWA	12	405	21	347
EHIME	38	499	31	475
KOCHI	15	451	19	454
FUKUOKA	199	4678	327	7363
SAGA	32	586	44	797
NAGASAKI	127	2104	106	1604
KUMAMOTO	40	773	49	*817
OITA	40	577	42	713
MIYAZAKI	38	439	51	497
KAGOSHIMA	14	496	10	814
<hr/>				
TOTAL	2710	48247	3708	*60527
<hr/>				
RATE				
Current	174.7	163.7	239.1	205.4
Previous	136.6		183.5	

See footnotes at end of table.

Weekly Report - 13 May 1950
Continued

PREFECTURE	CHANCROID		LYMPHOGRANULOMA VENEREUM	
	Current Cases	Cumulative Cases	Current Cases	Cumulative Cases
HOKKAIDO	13	269	-	2
AOMORI	1	29	-	-
IWATE	-	17	-	-
MIYAGI	3	45	-	-
AKITA	-	11	-	1
YAMAGATA	-	16	-	-
FUKUSHIMA	1	40	-	1
IBARAKI	4	65	-	-
TOCHIGI	1	41	-	-
GUMMA	-	61	-	3
SAITAMA	3	58	-	1
CHIBA	1	92	-	-
TOKYO	40	516	1	19
KANAGAWA	35	668	-	16
NIIGATA	1	32	1	3
TOYAMA	5	72	-	1
ISHIKAWA	3	84	-	8
FUKUI	3	41	-	3
YAMANASHI	-	19	-	-
NAGANO	2	23	1	1
GIFU	3	176	-	1
SHIZUOKA	4	91	-	3
AICHI	11	166	-	4
MIE	4	78	-	4
SHIGA	6	120	1	2
KYOTO	17	376	-	32
OSAKA	27	496	-	22
HYOGO	17	324	-	15
NARA	11	152	-	2
WAKAYAMA	10	121	-	6
TOTTORI	1	37	-	1
SHIMANE	1	17	-	-
OKAYAMA	5	180	-	3
HIROSHIMA	19	300	-	10
YAMAGUCHI	5	129	-	10
TOKUSHIMA	-	16	-	3
KAGAWA	2	*30	-	3
EHIME	2	42	-	3
KOCHI	1	50	-	2
FUKUOKA	36	585	-	11
SAGA	2	34	-	1
NAGASAKI	5	132	-	5
KUMAMOTO	2	27	-	-
OITA	1	44	-	1
MIYAZAKI	1	15	-	-
KAGOSHIMA	1	38	-	2
<hr/>				
TOTAL	310	*5975	4	205
<hr/>				
RATE				
Current	20.0	20.3	0.3	0.7
Previous	15.1		0.4	

See footnotes at end of table.

NUMBER OF CASES AND CASE RATES
OF VENEREAL DISEASES IN JAPAN
FOR COMPARABLE PERIODS
1948, 1949, AND 1950

DISEASE	WEEK ENDED			CUMULATIVE FOR THE FIRST 19 WEEKS		
	1950 13 May	1949 7 May	1948 8 May	1950	1949	1948
<u>NUMBER</u>						
SYPHILIS	2710	3636	4518	48247	73017	86419
GONORRHEA	3708	3200	5183	60527	64410	94131
CHANCROID	310	389	870	5975	9523	17782
LYMPHOGRANULOMA VENEREUM	4	14	17	205	272	297
<u>RATE</u>						
SYPHILIS	174.7	234.4	294.5	163.7	247.8	296.5
GONORRHEA	239.1	206.3	337.9	205.4	218.6	323.0
CHANCROID	20.0	25.1	56.7	20.3	32.3	61.0
LYMPHOGRANULOMA VENEREUM	0.3	0.9	1.1	0.7	0.9	1.0

FOOTNOTES:

1. There were no cases or deaths reported for cholera or plague, and there were also no cases of yellow fever, anthrax, glanders, dengue fever, or tsutsugamushi disease.
2. Rates are the numbers of cases or deaths per 100,000 population, estimated as of 1 July 1949, and are computed on an annual basis.
3. A dash (-) indicates that no cases or deaths were reported and that the case or death rate was zero.
4. A rate of 0.0 indicates that there were some cases or deaths but that the rate was less than 0.1.
5. "NA" indicates that data are not available.
6. *Cumulative figures adjusted for delayed and corrected reports.

